



20 Dominica Drive, Kingston 5
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 Tel: 876-906-5317 / 876-908-1502 / 876-929-5142
CARING FOR YOU AND YOUR INVESTMENTS

VERIFICATION OF ADDRESS FORM

The form is not a replacement for the standard Proof of Address (utility bill, bank statement etc). It must only be used in cases where the applicant/client does not have any of the standard Proof of Address. **The information received must be verified.**

Name of Client/Applicant:	
Current Address of Client/Applicant:	

By affixing your signature here you are hereby authorising FHC Investments Limited to accept information obtained from a Referee or Parent/Guardian named below in relation to your request to open/operate an account with the Company.

Applicant's Signature: _____ Date: _____

Witness Name & Signature: _____ Date: _____

EXTERNAL VERIFICATION (Can be conducted by a Referee or Parent/Guardian in the case of a child)

Category of Verifier	Parent/Guardian	Referee:
Name of Referee		
Address of Referee		
Contact for Referee	Cell	Home
		Work
How long has the client/applicant lived at the address confirmed?		
By affixing your signature, you are confirming that the address of client and personal information provided is true and correct to the best of your knowledge.		
Signature of Referee	_____	Date: _____

INTERNAL VERIFICATION (Verification by a FHC Permanent Staff) - Site Visit

Name of Employee	_____	
Site visit conducted on	_____	at _____
	<small>Date</small>	<small>Location</small>
Signature of Employee	_____	Date: _____
Reviewed By:	_____	Date: _____