



ACCOUNT OPENING REFERENCE FORM

MAILING ADDRESS: FHC Retirement Scheme | 20 Dominica Drive | Kingston 5 | Tel: 876-908-1502/876-906-5317 | Email: fhc.investments@fhccu.com

I _____ authorize FHC Investments Limited to seek information from the below mentioned in connection with my request to operate an account with this institution:

NAME OF REFFERER

Surname: _____ First: _____

Address: _____

Occupation: _____

Telephone No.

Home: _____ Office: _____ Fax: _____

Member's Signature: _____ Date: _____

*[Below should be confirmed by FHCIL representative of given referrer above via phone and/or visit]

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is he/she known to you personally and by the above name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. How Long? | Years _____ | Months _____ |
| 3. Do you consider him/her suitable to have an account? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you consider him/her to be responsible and trustworthy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you know if this person has been or is involved in any questionable monetary transactions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you recommend this person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other Comments: _____

FHC Investment Limited (FHCIL) collects and processes referees' personal data to comply with legal and regulatory obligations and to verify information provided on the persons that are referred to us.

The data collected may be shared with our third-party processors for the purposes of background checks and may also be shared with our parent company and its affiliates. The data may also be shared with our software providers in so far as they provide support, maintenance and development for the systems that house the data in our control. I understand that third parties might reside outside of Jamaica and that FHCIL will make every effort to safeguard all personal data that it processes. Read more about how FHCIL processes your information, who we share it with and your rights as a data subject at bit.ly/41oPkIZ. Scan the following QR Code to Access the Privacy Notice

Get in touch with any concerns or queries at DPA@firstheritagecreditunion.com

FHCIL Representative Signature and/or Referrer's Signature Date

FOR OFFICE USE ONLY

We confirm that the above reference has been checked in accordance with FHC Retirement Scheme procedures.

Member No. _____

Checked by: _____

Compliance Officer: _____

Date: _____

Date: _____



FHCIL Privacy Notice

LIST OF APPROVED REFERRERS:

- Lawyer
- Justice of the Peace/Notary Public
- Pastor/Minister of Religion
- Inspector of Police
- Employer
- Certified Accountant
- Medical Doctor
- Bank Manager
- Existing FHCCU (FHCRS) Member/ FHCIL Client of good standing (for minimum 3 years)
- FHCCU/FHCIL Executives/Managers