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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.**

Client/Applicant Name:	
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 about your request to open/operate an account with the Company.

Applicant's Signature: _____

Date(dd/mm/yyyy): _____

Witness Name & Signature: _____

Date(dd/mm/yyyy): _____

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

Category of Verifier:	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Referee	
Name of Referee:			
Address of Referee:			
Contact of Referee:	Cell:	Home:	Work:
How long has the client/applicant lived at the confirmed address?			
By affixing your signature, you are confirming that the address of the client and the personal information provided are 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:	Date	at	Address Line 1
Address Line 2			
Signature of Employee:	Date: _____		
Reviewed By:	Date: _____		