

## **CHARACTER REFERENCE FORM**

Dear Sit/ Madam.  I declare that Mr/Mrs/Miss/Ms/Dr whose permanent address is    (Enter Applicant's Complete Address)	Date:		
I declare that Mr./Mrs./Miss/Ms/Dr whose permanent address is    (Enter Applicant's Complete Address)	The Jamaica National Building Society		
I declare that Mr./Mrs./Miss/Ms/Dr whose permanent address is    (Enter Applicant's Complete Address)		-	
## ADDRESS VERIFICATION (optional)  I also confirm that the name and permanent address stated above are to the best of my knowledge true and correct.    Referee's agnature	Dear Sir/ Madam,		
CEnter Applicant's Complete Address)	I declare that Mr./Mrs./Miss/Ms/Dr		
has been personally known to me for the past  Wears/months.  He/ She is desirous of opening an account with your institution. To the best of my knowledge and information, he/she is of good character and in all respects is a fit and proper person to conduct business with your organization.  Yours truly,  Stamp or seal of Referee (where applicable)  (Referee's signature)  NAME OF REFEREE:  ADDRESS:  OCCUPATION:  TELEPHONE #:  If JNBS member, # of years as a JN Member:  ADDRESS VERIFICATION (optional)  I also confirm that the name and permanent address stated above are to the best of my knowledge true and correct.  (Referee's signature)  Please tick the appropriate box  Service Club/ Association President  Applicant's Employer (CEO of Company or HR Manager)  Medical Doctor  Attorney-at-Law  Notary Public  Justice of the Peace  Clerk of Court  Justice of Religion	whose permanent address is		
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Police Officer (rank of Inspector unwards)			
Police Officer (rank of Inspector upwards)  School Principal / University Lecturer  Elected Representative (Councillor, Mayor, MP), Member of Senate		Member of Senate	School Fillicipal / OffiverSity Lecturer
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