

CHARACTER REFERENCE FORM

Date:			
JN Fund Managers Ltd.			
17 Belmont Road			
Kingston 5			
Dear Sir/ Madam,			
I declare that Mr./Mrs./Miss/Ms/Dr			
whose permanent address is			
whose permanent address is	(Enter Applicant's Complete Address)		
has been personally known to me for the past		_ years/months.	
He/ She is desirous of opening an account wit respects, is a fit and proper person to conduct		knowledge and information, he/she is of good character and in al	1
Yours truly,			
,		Stamp or seal of Referee (where applicable)	
(Referee's signature)			
NAME OF REFEREE:			
ADDRESS:			
OCCUPATION			
OCCUPATION: TELEPHONE #:			
			
If JN Fund Managers' Client,: # of years as a	JNFM Client		
	ADDRESS VERIFICATION	ION (ontional)	
I also confirm that the name and permanent a	ddress stated above are to the best of	of my knowledge true and correct.	
(Referee's signature)			
	Please tick the approp	ppriate box	
Service Club/ Association President		Attorney-at-Law	
Applicant's Employer (CEO of Company or HF	R Manager)	Notary Public	
Medical Doctor		Justice of the Peace	
Army Officer (rank of Captain or above)		Clerk of Court	
JNFM client with an active account of 2 years	or more and not related to the applicant	Consular Officer - High Commissioner/ Ambassador	
A member of the JN Group Management tear	n or Board of Directors	Judge (Resident Magistrate and above)	
Financial Institution Manager		Minister of Religion	
Police Officer (rank of Inspector upwards)		School Principal / University Lecturer	
Elected Representative (Councillor, Mayor, M	IP), Member of Senate		