

\_\_\_\_\_  
Surname First Name

Name of Applicant: \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
Home Office Cellular

Name of Referee: \_\_\_\_\_  
Surname First Name

Address of Referee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
Home Office Cellular

Occupation of Referee \_\_\_\_\_  
\_\_\_\_\_

Please answer the following by placing a check mark (v) in the boxes provided below.

- |  | YES                          | NO                              |
|--|------------------------------|---------------------------------|
| 1. Is the applicant known to you personally?                       | <input type="checkbox"/>     | <input type="checkbox"/>        |
| 2. How many years have you known the applicant                     | <input type="checkbox"/> YRS | <input type="checkbox"/> MONTHS |
| 3. Do you consider him/her to be suitable to be an Account holder? | <input type="checkbox"/>     | <input type="checkbox"/>        |
| 4. Do you consider him/her to be trustworthy?                      | <input type="checkbox"/>     | <input type="checkbox"/>        |
| 5. Do you recommend this person?                                   | <input type="checkbox"/>     | <input type="checkbox"/>        |

Other  
Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Referee  
(Affix stamp where applicable)

CATEGORIES FOR ACCEPTABLE REFERENCES: JP, NOTARY PUBLIC, MINISTER OF RELIGION, POLICE OFFICER (AT OR ABOVE RANK OF INSPECTOR) ATTORNEY-AT-LAW, MEDICAL DOCTOR, CHARTERED ACCOUNTANT, CLIENT'S BANK/CREDIT UNION MANAGER, JCCUL MANAGER, JOB LETTER AND EXISTING CLIENT OF AT LEAST 1 YEAR.

FOR INTERNAL USE ONLY	
Account Number	_____
We confirm that references have been checked in accordance with documented procedures.	
Authenticated by:	_____ Date: _____