

□ Police Officer (Rank of Deputy Superintendent or above)□ Confirmed Sagicor staff members (including Advisors)

 $\hfill \square$ Sagicor Providers (Medical Practitioners and owners of

 $\hfill\Box$ Principals of schools registered with the Ministry of

☐ Member of Parliament

(Pharmacies)

Education

CHARACTER REFERENCE FORM

eForm CRF02-2022-v2

	I/We (names)				
	of (address/comp	any)			
	DO HEREBY DE	CLARE THAT:			
(Applicant Name)			is known to me/us personall	v/via business relationshir	
	for the past	,	me I/we have found him/her to be of good character and recommend him/her to		
	your organization	. For further information, I/we can be conta	acted at (Telephone no. (Include a	rea code):	
	CONFIRMATION	OF ADDRESS			
	(To be completed	only by a Justice of the Peace or Notary I	Public if no other Proof of address	is available).	
	I certify that the address of the above mentioned individual is as follows:				
	roormy mat mo a		o do followe.		
Referee's Signature		uro.			
Neieree's Signature					
	Date (dd/mm/yyyy)				
	, ,,,,,,			Please Affix Seal here	
	Referee Type			For Official Use	
		(Please tick appropriate box)	For Completion by Bank	/Investment Personnel	
		nployers for at least 3 months			
		pany/HR Manager/Equivalent) Rank of Major/Above)	We confirm that this reference	has been shocked in	
	,	w (Stamp must bear attorney's number)		We confirm that this reference has been checked in accordance with documented procedures.	
	☐ Clerk of Court			•	
	☐ Consular Offic	er (High Commissioner/ Ambassador)			
	 ☐ Current Sagicor Client (2 years and in good standing) ☐ Financial Institution (Manager/Above) ☐ Judge (Resident Magistrate/Above) 				
			Name:	Name:	
	☐ Marriage Offic	er/ Civil Registrar			
		cii Oivii registiai			
	☐ Justice of the	•	Signature:		

Date (dd/mm/yyyy):