

REFERENCE FORM

I, _____ hereby authorize
Applicant's/Account Holder's First Name Middle Initial Last Name

Victoria Mutual Wealth Management Limited (the 'Company') to accept information obtained from the Referee named below in relation to my request to open/operate an account with the Company.

Signature of applicant/account holder: _____ Date: _____

Date: _____

Dear Sirs,

I declare that Mr./Mrs./Miss/Ms. _____ has been personally known to me for the past _____ months/years. He/She is desirous of opening/operating an account with your Company.

To the best of my knowledge, information and belief, he/she is of good character and in all respects a fit and proper person to conduct business with your organization.

Yours faithfully,

(Signature of Referee)

(Telephone Number(s) of Referee)

(Name of Referee)

(Occupation of Referee)

Address of Referee:

Referee to place Stamp or Seal of Office above

Referee to tick the appropriate circle

I am

<input type="radio"/> Applicant's Employer	<input type="radio"/> Attorney- at- Law	<input type="radio"/> Manager /Senior Officer of a VM Group company
<input type="radio"/> School Principal / University Lecturer	<input type="radio"/> Justice of the Peace / Notary Public	<input type="radio"/> Director of a VM Group company
<input type="radio"/> Medical Doctor	<input type="radio"/> Minister of Religion	<input type="radio"/> Consular Officer - High Commissioner /Ambassador
<input type="radio"/> Army Officer (Major and above)	<input type="radio"/> Police Officer (Inspector and above)	<input type="radio"/> Manager of a Credit Union registered with the JCCUL
<input type="radio"/> Manager /Senior Officer of a Regulated Financial Institution		<input type="radio"/> Nurse (UK only)

FOR INTERNAL USE ONLY

Umbrella Number: _____ CI Number: _____

Primary Account Holder Joint Account Holder Corporate Signing Officer

Client Guide

1. The form should not be dated more than six (6) months when presenting to your VM representative or branch.
2. The Referee must affix his stamp or seal of office on the form.
3. The Referee category of **Attorney- at-Law** includes the following persons:

- Resident Magistrate (RM)
- Judge
- Chief Justice

4. For members of the JDF , the following ranks are above the rank of **Major / Lt. Commander**:

Army

- Major General
- Brigadier
- Colonel
- Lieutenant Colonel

Navy / Coast Guard

- Rear Admiral
- Commodore
- Captain (Naval)
- Commander (Naval)

5. For members of the Jamaica Constabulary Force, the following ranks are above the rank of **Inspector**:

- Commissioner (CP)
- Deputy Commissioner (DCP)
- Assistant Commissioner (ACP)
- Senior Superintendent (SSP)
- Superintendent (SP)
- Deputy Superintendent (DSP)
- Assistant Superintendent (ASP)

6. The Referee category of **Manager / Senior Officer of a Regulated Financial Institution** includes the following:

- Building Societies
- Insurance companies
- Security dealers
- Commercial banks
- Stock brokerage firms
- Investment houses

7. For the Referee category of **Manager of a Credit Union registered with the JCCUL** , 'JCCUL' refers to the Jamaica Cooperative Credit Union League.

8. **For UK customers only**, nurses may complete the form. The form **must**, however, bear the stamp /seal of the medical facility.