

REFERENCE FOR OPENING AN ACCOUNT

Name of Applicant:	Middle	Loot
First	Middle	Last
Re	feree Information	
Name:		
Residential Address:		
E-Mail Address:		
Telephone Number(s): (Cell)	(Office)	Home)
(Fax)		
Occupation/ Profession		
Employer's Name & Address:		
Relationship to Applicant:		
Refe	ree Questionnaire	
is desir	ous of operating an accour	nt with First Heritage Co-op
Credit Union (FHC). He/she has given yo complete this questionnaire.	our name as referee and we	e would be grateful if you
. Is this person known to you personally	and by the above name?	Yes No
2. How many years have you been acqua	ainted with this person?	
. Do you consider him /her suitable to h	ave an account?	Yes No
. Do you consider him/her to be respons	sible and trustworthy?	Yes No
5. (a) Do you know if this person has been in any questionable monetary trans		Yes No
(b) Do you recommend this person to	be a member of FHC?	Yes No
Additional Comments:		
		Signature of Referee ix stamp where applicable)
]	Date
FOR CREI	DIT UNION'S USE ONL	Y
A/C Number:	_	
Reference confirmed by:		
Name of Staff Member	Signature	e of Staff Member
)ate:		

N.B. References are accepted from the following:

- A member in good standing with the Credit Union with at least two years membership
- Minister of Religion
- Justice of the Peace
- Police/Army Officer (officer rank)
- Employer
- Public Sector employees of the Senior Executive Group (SEG 1 and above)
- Doctor
- School Principal
- Manager of Financial Institution
- Attorney at Law
- Chartered Accountant
- Member of Parliament/ Parish Councillor
- Member of Staff of the Credit Union
- Post Master/Mistress
- Business Consultant
- Registered Nurse