

REFERENCE FOR OPENING AN ACCOUNT

Name of Applicant: _		2 51 1 1		
	First	Middle		Last
		Referee Information		
Name:				
Residential Address:				
E-Mail Address:				
Telephone Number(s): (Cell)	(Office)	Home) _	
	(Fax)			
Employer's Name &	Address:			
Relationship to Ap				
	R	eferee Questionnaire		
Name of Applicant	is do	esirous of operating an acco	ount with First l	Heritage Co-op
	_	n your name as referee and	we would be g	rateful if you
1. Is this person know	vn to you person	ally and by the above name	? Yes	No
2. How many years l	nave you been ac	equainted with this person?		
3. Do you consider he an account?	im /her of good o	character and suitable to hav	ve Yes	No
4. Do you consider h	im/her to be resp	onsible and trustworthy?	Yes	No
5. (a) Do you know it in any question	f this person has hable monetary t		Yes	No No
(b) Do you recom	mend this person	to be a member of FHC?	Yes	No No
Additional Comment	s:			
		(A	Signature of ffix stamp whe	
			Date	
	FOR CR	REDIT UNION'S USE ON	LY	
A/C Number:				
	Name of Staff Mer		ture of Staff Member	
Date:				
	-			

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)
- Medical 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 (Head /Manager of Post Office)
- Registered Nurse