

## ( ) REFERENCE FOR OPENING AN ACCOUNT ( ) PROOF OF BOND

## **Applicant's Information**

Name of Applicant:				
	Surname	First		Middle Name
Applicant's Home Address	:			
	Re	feree Information	<u> </u>	
Name:				
E-Mail Address:				
Telephone Number(s): (Cell)		(Office)	(H	(ome)
Type of Referee:				
Relationship to Applicant if				
Member's Signature:				Date:
Questionnaire to be pos	sed to the Ro	eferee by the Cred	lit Union S	taff:
1. Is this person known to you	ı personally an	d by the above name?	Yes	No No
2. How many years have you	been acquaint	ed with this person?		
3. Do you consider him /her o	of good charact	er and suitable to hav	e	
an account?			Yes	No
4. Do you consider him/her to	be responsible	e and trustworthy?	Yes	No
5. (a) Do you know if this per	son has been o	or is involved		
in any questionable r	nonetary tran	sactions?	Yes	└── No
(b) Do you recommend the	is person to be	a member of FHC?	Yes	No
Additional Comments:				

## Select **Type of Referee** by ticking the appropriate box below

Justice of the Peace		Postmaster/Mistress (Head /Manager of Post Office)			
Minister of Religion		Chartered Accountant			
The Applicant's Employer		Public Sector Employee of the senior Executive Group (SEG1 and above)			
Manager of Financial Institution		Attorney at Law			
Active Member with the Credit Union with at least two years membership		Member of Parliament/ Parish Councillor			
Medical Doctor		Registered Nurse			
School Principal		Police/Army Officer (officer rank)			
Member of Staff of the Credit Union (2 years tenure)					
FOR CREDIT UNION'S USE ONLY					
A/C Number:					
Reference confirmed by:					
	Name of Staff Member				
Signature of Staff Member		Date			