

## **Address Verification Form**

	Date:					
Dear (		s the perr	manent residential address of Mr / Mrs / Miss / Ms			
Full A	ddress:					
Yours	faithfully,					
(Signature of verifier)			(Telephone Number of Verifier)			
(Name	e of Verifier)					
Address of Verifier						
(Occu	pation of Verifier)					
VMBS Account No. of Verifier (if any)			Verifier to place Stamp or Seal of Office above			
Verifier to tick the appropriate box						
lam						
	Applicant's Employer  Medical Doctor  Justice of the Peace / Notary Public		Attorney at Law Minister of Religion School Principal / University Lecturer			
	Permanent staff of VM Group  Consular Officer – High Commission  Police Officer (Inspector and above)		Director of a company within VM Group  Army Officer (Major and above)  Manager / Senior Officer of a Regulated Financial Institution			

## **FORM GUIDE**

- 1. The form should not be dated more than six months when presenting to your VM representative or branch.
- 2. The Verifier must affix his stamp or seal of office on the form.
- 3. The category of Applicant's Employer refers only to the HR Manager or CEO.
- 4. The Referee category of **Attorney- at-Law** includes the following persons:
  - Resident Magistrate (RM)
  - Judge
  - Chief Justice
- 5. For members of the JDF, the following ranks are above the rank of Major / Lt. Commander:

Army		Navy / Coast Guard		
<b>•</b>	Major General		Rear Admiral	
<b>•</b>	Brigadier		Commodore	
	Colonel		Captain (Naval)	
	Lieutenant Colonel		Commander (Naval)	

- 6. For members of the Jamaica Constabulary Force, the following ranks are above the rank of **Inspector:** 
  - Commissioner (CP) Superintendent (SP)
  - Deputy Commissioner (DCP)
     Deputy Superintendent (DSP)
  - Assistant Commissioner (ACP)

    Assistant Superintendent (ASP)
  - Senior Superintendent (SSP)

