

## **Address Verification Form**

	Date:				
Dear	Sirs,				
		to the nor	manant rapidantial address of Mr / Mrs / Miss / Ms		
COIII	irm that the address stated below represent	is the pen	manent residential address of Mr / Mrs / Miss / Ms		
Full A	ddress:				
Vour	s faithfully,				
Tours	statununy,				
(Signature of verifier)			(Telephone Number of Verifier)		
(Nam	e of Verifier)				
Address of Verifier					
			_		
			_		
(Occupation of Verifier)					
			Verifier to place Stamp or		
VMBS	S Account No. of Verifier (if any)		Seal of Office above		
	V	erifier to t	ick the appropriate circle		
lam					
	Applicant's Employer		Attorney at Law		
	Medical Doctor		Minister of Religion		
	Justice of the Peace / Notary Public		School Principal / University Lecturer		
	Permanent staff of VM Group		Director of a company within VM Group		
	Consular Officer – High Commission		Army Officer (Major and above)		
	Police Officer (Inspector 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		
	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)

