



CHARACTER REFERENCE FORM

Date: _____

JN Fund Managers Ltd.
17 Belmont Road
Kingston 5

Dear Sir/ Madam,

I declare that Mr./Mrs./Miss/Ms/Dr _____
whose permanent address is _____

(Enter Applicant's Complete Address)

has been personally known to me for the past _____ years/months.

He/ She is desirous of opening an account with your institution. To the best of my knowledge and information, he/she is of good character and in all respects, is a fit and proper person to conduct business with your organization.

Yours truly,

Stamp or seal of Referee (where applicable)

(Referee's signature)

NAME OF REFEREE: _____

ADDRESS: _____

OCCUPATION: _____

TELEPHONE #: _____

If JN Fund Managers' Client, : # of years as a JNFM Client _____

ADDRESS VERIFICATION (optional)

I also confirm that the name and permanent address stated above are to the best of my knowledge true and correct.

(Referee's signature)

Please tick the appropriate box

- | | |
|---|---|
| ☐ Service Club/ Association President | ☐ Attorney-at-Law |
| ☐ Applicant's Employer (CEO of Company or HR Manager) | ☐ Notary Public |
| ☐ Medical Doctor | ☐ Justice of the Peace |
| ☐ Army Officer (rank of Captain or above) | ☐ Clerk of Court |
| ☐ JNFM client with an active account of 2 years or more and not related to the applicant | ☐ Consular Officer - High Commissioner/ Ambassador |
| ☐ A member of the JN Group Management team or Board of Directors | ☐ Judge (Resident Magistrate and above) |
| ☐ Financial Institution Manager | ☐ Minister of Religion |
| ☐ Police Officer (rank of Inspector upwards) | ☐ School Principal / University Lecturer |
| ☐ Elected Representative (Councillor, Mayor, MP), Member of Senate | |