



Self-Employment Verification Form

To be completed by either a Justice of the Peace (JP), Notary Public, Minister of Religion, Attorney-at-Law, Minister of Religion & Inspector/Superintendent of Police (must be from community in which member resides or works)

Date: _____

Dear Sir/Madam,

I declare that:

Mr./Mrs./Miss/Ms/Dr _____
(applicant's name)

Of _____
(applicant's address)

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

He/she is a self-employed as: _____
(Please explain the nature of the applicant's self employment)

and has been operating in this capacity since _____.

Yours truly,

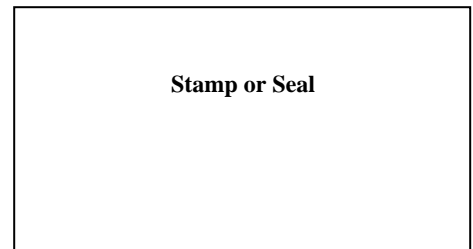
(Referee's Signature)

NAME OF REFEREE: _____

ADDRESS: _____

OCCUPATION: _____

TELEPHONE#: _____



The Proceeds of Crime Act (POCA) 2007 requires that the foregoing information be collected as part of the Know Your Customer (KYC) due diligence. Failure to provide information accurately and promptly will affect your ability to transact business with the Insurance Employees Co-operative Credit Union Ltd.