

REFERENCE FORM FOR OPENING AN ACCOUNT

Name of Applicant: _____

Address: _____

Name of Referee: _____

Referee's Address: _____

Occupation of Referee: _____

Tel.# _____ Mobile: _____ email: _____

Relationship to Applicant: _____

To be Completed by Referee

_____ is desirous of opening an account with the Insurance Employees Co-operative Credit Union Limited. He/She has given your name as referee and we would appreciate you answering these questions.

1. Is this person known to you personally and by the above name? yes no
2. Do you consider him/her suitable and recommend this person to have an account with the IECCU? yes no
3. Do you consider him/her to be trustworthy? yes no
4. Are you aware of any illegal or unusual transaction financial or otherwise that may involve this person? If yes, please explain below. yes no

How long have you known the applicant: _____

Comments _____

Signature

Date

Affix Stamp or Seal