

Form# AVF-122023



CLIENT INFORMATION (Individual opening the account)			
Title (Mr. /Mrs. /Miss)	First Name	Middle Name(s)	Last Name
Alias (if applicable)	Residential Address		
PERSON VERIFYING ADDRESS			
First Name	Last Name	Telephone Number (1	1) Telephone Number (2)
Address (Tick one: ☐ Residential or ☐ Business)			
In what capacity are you signing this form? (Tick ONE from the list below)			
Client's Current Employer Justice of the Peace (JP) / Notary Public Parent Spouse (by Marriage) Team Member of JMMB or JMMB Bank (at any level) who has been so for one (1) or more year			
ADDRESS VERIFICATION			
I confirm that the residential address of the client stated above is to the best of my knowledge true and correct.			
SIGNATURE			
(Signature)	 Date (dd/mm/yyyy)	Insert Referee Stamp or Seal here (where applicable)
FOR INTERNAL USE ONLY			
Receiving Agent:		Signature:	Date:
Input Agent:		Signature:	Date:
Approving Agent:		Signature:	Date:

Guidelines for completing this form:

- 1. The form should not be dated more than three (3) months when presenting to your JMMB representative or branch.
- 2. The person verifying the address must affix their stamp or seal of office on the form (if applicable).
- 3. Proof of relationship (marriage certificate/ birth certificate/adoption certificate) must be provided if a spouse or parent elects to verify the address.