



**Kingston Office:**  
 1A Holborn Road,  
 Kingston 10,  
 Jamaica, W.I.  
 Tel: 876-926- 0849

**Montego Bay Office:**  
 Shop 19  
 Sagicor Commercial Centre  
 Jamaica, W.I.  
 Tel: 876-979-1997

**Email:**  
[info@bpmfinancial.com](mailto:info@bpmfinancial.com)

**Website:**  
[www.bpmfinancial.com](http://www.bpmfinancial.com)

### CLIENT ADDRESS VERIFICATION FORM

**This document seeks to verify the address of the person named below:**

**1. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

**2.  Mr. |  Mrs. |  Ms.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Name Middle Name Last Name

**3. Home Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Verifier's Information

▪ The person mentioned above has resided at the address above for the past \_\_\_\_\_  
(Indicate years and months)

I therefore now declare and confirm the above address of \_\_\_\_\_ to be true and correct to the best of my knowledge.

- Justice of the Peace/ A Notary Public
- Minister of Religion
- Attorney at Law
- An Elected Official (Councillor, Mayor or Member of Parliament)
- Inspector, Superintendent of Police (Must be from the community in which client resides)

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone # \_\_\_\_\_

Signature: \_\_\_\_\_

Please place Stamp or seal here