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## SELF-EMPLOYMENT/UNEMPLOYMENT VERIFICATION DOCUMENT FOR SOURCE OF FUND (SOF) PURPOSES

To be completed by one of the following: a Justice of the Peace (JP), Notary Public, Minister of Religion, Attorney-at-Law, or an Elected Representative (Councillor, Mayor, or Member of Parliament (MP)) who have personally known the applicant for at least twelve (12) months.

Dear Sir/Madam				
I declare that Mr/Mrs/Ms/Dr/Pr	rof			
of	has been			
personally known to me for the	e past	years.		
To the best of my knowledg	ge he/she is self-employed in the c	apacity of:		
		and has been operating in this capacity		
since				
(State Year)		OR		
To the best of my knowledg	ge he/she is unemployed however	receives funds – from the fo	llowing sources:	
Friends & Family	Child Support	Odd jobs	Pensioner/Retiree	
Charitable and other Don Other: Please Specify	ations State-f	unded assistance		
	Referee	Information		
	First Name	Middle Name	/Last Name	
	2 4400 1 1004440	Email:		
Occupation:	Employer:	Address:		
	Refere	ee Signature		