



TRELAWNY

CO-OPERATIVE CREDIT UNION LIMITED

SELF-EMPLOYMENT VERIFICATION

This form can be completed by either a Justice of the Peace (JP), Minister of Religion, Attorney-at-Law or an Elected Representative (E.g., Councilor, Mayor or Member of Parliament (MP))

Date: _____

Trelawny Co-operative Credit Union Limited.
1 Water Square, P.O. Box 115,
Falmouth, Trelawny

Dear Sir/Madam,

I declare that Mr./Mrs./Miss/Ms/Dr _____
(Enter applicant's name)

Of _____
(Enter 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#: _____

Stamp or Seal