## TO: SAGICOR LIFE JAMAICA LIMITED I/We(names)\_\_\_\_ of (Address/Company)\_\_\_\_\_ DO HEREBY DECLARE THAT: \_\_\_\_\_is known to me/us (Applicant Name)\_\_\_\_ and recommend him/her to your organisation. For any further information, I/we can be contacted at (address/telephone no.) Referee Signature Date Please affix official stamp here Referee Type - Please select the appropriate box ☐ Applicant's Employer for 2 years or more (CEO of Company or HR Manager) ☐ Army Officer (Rank of Major or above) ☐ Sagicor Life Jamaica Limited client with an active account of 2 year or more not related to the applicant ☐ Financial Institution Manager ☐ Police Officer (Rank of Deputy Superintendent of Police and above) ☐ Elected Representative (Mayor, MP, Member of Senate) ☐ Attorney-at-Law ☐ Notary Public ☐ Justice of the Peace ☐ Clerk of Court ☐ Consular Officer - High Commissioner/Ambassador

☐ Judge(resident Magistrate and above)☐ Marriage Officer/Civil registrar