



ADDRESS VERIFICATION FORM

Date: _____

Dear Sir/Madam,

This is to certify that the permanent address of Mr./Mrs./Ms./Dr. _____
(ENTER APPLICANT'S/GUARANTOR'S FULL NAME)

is _____
(APPLICANT'S/GUARANTOR'S COMPLETE ADDRESS, INCLUDING PARISH)

and has lived at the above address for the past _____ month(s)/year (s).

I therefore, being *(select appropriate title as per below)*

A Justice of the Peace

An Attorney-At-Law

declare to the best of my knowledge the above address to be true and correct.

Yours Truly,

Name of Witness

Signature of Witness

Witness Contact #:

Please Affix Seal/Stamp Here

APPLICANT/ GUARANTOR DETAILS

Name of Applicant/Guarantor

Applicant's/ Guarantor's TRN