



The Jamaica Civil Service Mutual Thrift Society Limited

ADDRESS VERIFICATION FORM

Dear Sirs,

I confirm that the address stated below represents the permanent residential address of Mr. / Mrs.

/Ms. _____

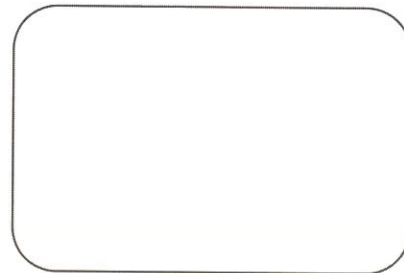
Full Address: _____

Yours Sincerely,

(Name of Verifier)

(Signature of Verifier)

Address of Verifier



Verifier Stamp and Seal

**(JP, Attorney-At-Law, Medical Doctor,
Superintendent of Police/DCS, Pastor,
Manager at Financial Institution)**



876-926-5634-5



info@jcsmts.com.jm



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