

FIRST AID FINANCIALS COMPANY LIMITED

“Your Financial Health Is Our First Priority!!!”

TELEPHONE REFERENCE FOR OPENING AN ACCOUNT

Reference 1

Name of Referee _____
Address _____
Employer _____ Occupation _____
Work # _____ Mobile(s) # _____ Home # _____
Email Address (es): _____

Reference 2

Name of Referee _____
Address _____
Employer _____ Occupation _____
Work # _____ Mobile(s) # _____ Home # _____
Email Address (es): _____

Re:(Customer’s Name) _____

The above is desirous of operating an account. He/She has given your name as reference and we would be grateful if you provide the following information.

- | | | |
|--|---------------------------|---------------------------|
| | <u>Reference 1</u> | <u>Reference 2</u> |
| 1. Is He/She known to you personally and by the above name | __ Yes __ No | __ Yes __ No |
| 2. How long? | __ Years __ Mths | __ Years __ Mths |
| 3. Do you consider him/her suitable to have an account? | __ Yes __ No | __ Yes __ No |
| 4. Do you consider him/her to be responsible and trustworthy | __ Yes __ No | __ Yes __ No |

Any other information which you consider to be of assistance in assessing the above request.

Ref (1) _____

Ref (2) _____

Date & Time Verified (Ref 1)

Date & Time Verified (Ref 2)

DECLARATION: I hereby authorize First Aid Financial Consultants to seek information from _____ of _____

and _____ of _____
in connection with my request to operate an account with them.

Customer Signature: _____ Officer Name: _____ Signature: _____