

## ADDRESS VERIFICATION FORM

SECTION A: MEMBER INFORMATION			
First Name:	Middle Name(s):	Surname:	
Current Home Address:			
Mailing Address (if different from above):			
Email Address:		Telephone Number:	
SECTION B: VERIFYER'S INFORMATION			
Title:	First Name:	Middle Initial(s):	Surname:
Address:			Telephone Number:
SECTION C: DECLARATION			
<p>This is to certify that _____ permanently resides at  <span style="margin-left: 300px;"><i>Member's Full Name</i></span>            the above address for the past _____ months/years. I therefore being a/an (select appropriate title below):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Justice of the Peace</li> <li><input type="checkbox"/> Minister of Religion</li> <li><input type="checkbox"/> Attorney at Law</li> <li><input type="checkbox"/> Inspector/ Superintendent of Police (from the member's community)</li> <li><input type="checkbox"/> Elected Official (Councillor, Mayor or Member of Parliament)</li> </ul> <p>now declare and confirm the above address to the best of my knowledge to be true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;"><i>Verifier's Signature</i></div> <div style="width: 20%; border-top: 1px solid black; text-align: center;"><i>Date</i></div> <div style="width: 40%; border: 1px solid black; display: flex; align-items: center; justify-content: center; margin-top: 20px;"> <div style="text-align: center; padding: 20px 0;">Seal/ Stamp Here</div> </div> </div>			
FOR INTERNAL USE ONLY:			
Branch:		Member #:	
<i>Received and Checked By Name</i>		<i>Signature</i>	
		<i>Date</i>	