

CHARACTER REFERENCE FORM	
Date:	
JN Bank Limited	
Dear Sir/ Madam,	
I declare that Mr./Mrs./Miss/Ms/Dr	
whose permanent address is	
(Enter Applicant's Complete Address)	
has been personally known to me for the past yea	ars/months.
He/ She is desirous of opening an account with your institution. To the best of my knowledge respects is a fit and proper person to conduct business with your organization.	and information, he/she is of good character and in all
Yours truly,	
	Stamp or seal of Referee (where applicable)
(Referee's signature)	
NAME OF REFEREE: ADDRESS:	
OCCUPATION:	
TELEPHONE #:	
If JN Bank member, # of years as a JN Member:	
	( D
ADDRESS VERIFICATION (opt	tional)
I also confirm that the name and permanent address stated above are to the best of my knowl	edge true and correct.
(Referee's signature)	
Please tick the appropriate bo	x
Service Club/ Association President	Attorney-at-Law
Applicant's Employer (CEO of Company or HR Manager)	Notary Public
Medical Doctor	Justice of the Peace
Army Officer ( rank of Captain or above)	Clerk of Court
JNBS reputable Member with an active account of 2 years or more not related to the member	Consular Officer - High Commissioner/ Ambassador
A member of the JN Group Management team or Board of Directors	Judge (Resident Magistrate and above)
Financial Institution Manager	Minister of Religion
Police Officer (rank of Inspector upwards)	School Principal / University Lecturer
Elected Representative (Councillor, Mayor, MP), Member of Senate	
J-TP(S)-600-F15-Ver2-December 10, 2019	