BANK REFERENCE FORM			
TO:			
BANK:			
BRANCH:			
ADDRESS:			
ACCOUNT NA	AME:		
ACCOUNT N	UMBER:		
•	de a bank reference for JN Fund	Managers Limited. This refe	erence should:
•	oatched as soon as possible to: IN Fund Managers Limited		
•	17 Belmont Road		
	Kingston 5 Jamaica W.I.		
(ii) Confirm	m that I/we hold an account wit	h you.	
(iii)Confirm that the signature(s) below appear to be in accordance with your records.			
(iv) Confirm	m that in your opinion I am/we	are trustworthy and good for	normal
busine	ss engagements.		
	n of client relationship		
You may use the reverse of this form, at your discretion in providing a response.			
NAME		ADDRESS	
SIGNATURE			
DATE			
NAME		ADDRESS	
SIGNATURE		-	
DATE		1	

TO BE COMPLETED BY YOUR BANK

To:	Mr. Keith Senior General Manager JN Fund Managers Limited 17 Belmont Road Kingston 5 Jamaica W.I.		
We o	confirm that		
Nam	ne(s)		
i)	The named individual(s) ("the Client(s)") shown overleaf is/are the		
	holder(s) of the named account with us.		
ii)	The signature(s) given appear(s) to be that/those of the Client(s)		
iii)	In our opinion the Client(s) is/are trustworthy and good for normal business engagements.		
iv)	Length of relationship is * years + months		
This information is given in strict confidence and for your private information only and no responsibility or reliance thereon is accepted by this Bank or any of its officers or for any cause whatsoever.			
SIGI	NED:		
TITLE:			

COMPANY STAMP:

* Please state