



VERIFICATION OF PROOF OF ADDRESS

Please select one of the following boxes which describes official officer

- | | |
|--|---|
| <input type="checkbox"/> Justice of Peace (as declared in the Official Gazette of Barbados) | <input type="checkbox"/> Notary Public |
| <input type="checkbox"/> *Senior Public Servant | <input type="checkbox"/> Member of the Judiciary |
| <input type="checkbox"/> Magistrate | <input type="checkbox"/> Ordained Minister of Religion |
| <input type="checkbox"/> Attorney-at-Law with valid practicing certificate | <input type="checkbox"/> Senior Banking Officer (at least management level) |
| <input type="checkbox"/> Senior Officer of a Consulate/Embassy/High Commission of the country issuing the passport | |

*In Barbados, this refers to the:

- | | |
|--|--|
| <input type="checkbox"/> Registrar/Deputy Registrar, Corporate Affairs & Intellectual Property | <input type="checkbox"/> Registrar/Deputy Registrar, Supreme Court |
| <input type="checkbox"/> Registrar/Deputy Registrar, Land Registry | <input type="checkbox"/> Permanent Secretary, Ministry of Home Affairs |
| <input type="checkbox"/> Chief Personnel Officer, Personnel Administrative Division | <input type="checkbox"/> Chief/Deputy Chief Immigration Officer |
| <input type="checkbox"/> Permanent Secretary, Chief of Protocol, Ministry of Foreign Affairs | <input type="checkbox"/> Private Secretary to the Governor General |
| <input type="checkbox"/> Commissioner/Deputy Commissioner/Assistant Commissioner/Senior Superintendent of Police | |
| <input type="checkbox"/> Superintendent/Assistant Superintendent of Prisons | |

NB: A copy of a utility bill belonging to the individual residing with the applicant should accompany the form to further support proof of address

I,.....(Officiating Officer) in the island of BARBADOS do hereby CERTIFY that(Name of Individual) with national registration number..... and date of birth of is known by me for(year/s) to be the individual as aforementioned.

I CERTIFY that(Name of Individual) to my knowledge resides at(Full Address of Individual)

I also CERTIFY that the aforementioned resides with (Name of Address Holder) at(Full Address of Address Holder)

This information is attested by me under by hand and stamped the day of, 20.....

Signature of Officiating Officer

Signature of Individual

(PLACE NOTARIAL STAMP HERE)

Name of Officer

Address of Officer

Contact Nos.



VERIFICATION OF PROOF OF ADDRESS FOR INDIVIDUALS UNDER THE AGE OF 16

Please select one of the following boxes which describes official officer

- Justice of Peace (as declared in the Official Gazette of Barbados)
- *Senior Public Servant
- Magistrate
- Attorney-at-Law with valid practicing certificate
- Senior Officer of a Consulate/Embassy/High Commission of the country issuing the passport
- Notary Public
- Member of the Judiciary
- Ordained Minister of Religion
- Senior Banking Officer (at least management level)

*In Barbados, this refers to the:

- Registrar/Deputy Registrar, Corporate Affairs & Intellectual Property
- Registrar/Deputy Registrar, Land Registry
- Chief Personnel Officer, Personnel Administrative Division
- Permanent Secretary, Chief of Protocol, Ministry of Foreign Affairs
- Commissioner/Deputy Commissioner/Assistant Commissioner/Senior Superintendent of Police
- Superintendent/Assistant Superintendent of Prisons
- Registrar/Deputy Registrar, Supreme Court
- Permanent Secretary, Ministry of Home Affairs
- Chief/Deputy Chief Immigration Officer
- Private Secretary to the Governor General

NB: A copy of a utility bill belonging to the individual residing with the applicant should accompany the form to further support proof of address

I,.....(Parent/Guardian)
do hereby CONFIRM that(Name of Child/Ward)
with national registration number..... and date of birth of is
my son/daughter/ward.

I CONFIRM that(Name of Child/Ward) lives at my residence
.....(Full Address of Parent/Guardian)

I/we hereby CERTIFY that the information stated above is true, correct and complete to the best of my/our knowledge.

.....
Signature of Parent/Guardian Date:

.....
Signature of Individual Date:

FOR OFFICIAL USE ONLY

Name of MSR opening Account (please print):.....

Signature of MSR opening Account:..... Date: (mm/dd/yyyy)...../...../.....

Name of MSO verifying Account (please print):.....

Signature of MSO verifying Account:..... Date: (mm/dd/yyyy)...../...../.....