

Date:

The Manager  
Sagicor General Insurance Trinidad and Tobago Ltd  
Queens Park West  
PORT OF SPAIN

Dear Sirs

I .....

(DP/PP/ID) Identification Number..... (copy attached)

do certify that (relationship)

(Name).....

currently resides at

.....

I hereby authorize (him/her) to use the attached utility bill bearing my name as proof of address for (him/her).

Yours faithfully

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