Address Verification

Date: _____

To: The Director
Creque Insurance Agency, Ltd.
P O Box 125
Road Town
Tortola VG1110
British Virgin Islands

I, _____
Property Owner

do hereby certify that _____
Full Name of Spouse / Tenant / Resident

resides at my premises /Apartment No. _____ located at _____

_____

since _____
Date

For further verification you may contact me at _____
Telephone Number

NB:
A copy of a recent Utility Bill is also attached for verification of my physical address as stated above.

Yours truly,

_____
Signature

_____
PRINT NAME

13.Mar.2024