

Proof of Residence

Proof of Residency Self-Certification Form

If you are unable to provide one of the following Proof of Residence documents (dated within 6 months of your application) that are required as part of your Application for Health Insurance:

- Utility Bill
- Mortgage Statement
- Bank statement
- Tenancy Agreement
- Signed Letter on letter head from Embassy (*see template letter overleaf)
- Signed Letter on letter head from a Solicitor/Accountant/Bank Manager etc (*see template letter overleaf)

Then please arrange for this form to be completed by an independent professional person from the occupations below who can certify your Proof of Residence. This form is to be fully completed, in BLOCK CAPITALS, signed, stamped and returned to Morgan Price –failure to do so could delay or invalidate your application. We reserve the right to request further information.

Proof of Residence Letter

Dear Sir/Madam,

Re (Full Name) :

Passport/I.D. Number :

I hereby confirm that the
above named person resides at :

This person has resided at the
above mentioned address since: DD / MM / YYYY

The above named person has
been known to me for _____ years in a *personal / business capacity. *(Delete one as applicable)

They are unable to provide
Proof of Residence documents
because:

My relationship with this person is:

(Tick One Only)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> General Practitioner / Specialist | <input type="checkbox"/> Accountant |
| <input type="checkbox"/> Lawyer/Solicitor | <input type="checkbox"/> Bank Manager |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Landlord |
| <input type="checkbox"/> Hotel Manager - (if only just arrived in country and to be accompanied by Hotel Invoice) | |

Signed in my professional capacity		Date	
Print Name		Official Stamp This document must be stamped to be valid or accompanied by Business Letterhead/Compliment Slip STAMP	
Contact Number			
Contact E-Mail			

*Template Letter: As an alternative to the proof of residence self-certification form
this page can be photocopied onto business letterhead, completed in full in BLOCK CAPITALS, Signed and submitted

Proof of Residence Letter

in regards to an application for Health Insurance

Dear Sir/Madam,

Re (Full Name) : _____

Passport/I.D. Number : _____

**I hereby confirm that the
above named person resides at :**

**This person has resided at the
above mentioned address since:** DD / MM / YYYY

**The above named person has
been known to me for** _____ **years in a *personal / business capacity. *(Delete one as applicable)**

**They are unable to provide
Proof of Residence documents
because:**

My relationship with this person is:

(Tick One Only)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> General Practitioner / Specialist | <input type="checkbox"/> Accountant |
| <input type="checkbox"/> Embassy Official | <input type="checkbox"/> Bank Manager | <input type="checkbox"/> Landlord |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Insurance Broker | |
| | <input type="checkbox"/> Hotel Manager - (if only just arrived in country and to be accompanied by Hotel Invoice) | |

Signed in my professional capacity		Date	
Print Name		Contact Number	
Position		Contact E-Mail	