

----- April 2018

Ms. Sonia Johnson  
Business Development Officer  
Office of Business and Internationalisation  
The University of the West Indies  
Cave Hill Campus  
P.O. Box 64  
Bridgetown BB11000  
BARBADOS

This is to certify that (person's full name) is the parent/guardian/spouse of UWI Cave Hill Campus student (insert student's name). I further certify that (person's full name) is retired.

Sincerely

\_\_\_\_\_ (signature)

\_\_\_\_\_ (name)

\_\_\_\_\_ (title)

\_\_\_\_\_ (organization)

To be completed by the persons' banker or a justice of the peace and duly stamped.