

----- 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 (circle as appropriate) of UWI Cave Hill Campus student

_____ (insert student's name). I further certify that
_____ (person's full name) is unemployed.

Sincerely

_____ (signature)
_____ (name)
_____ (title)
_____ (organization)

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