



JAMAICA MONEY MARKET BROKERS LTD

Client Database Form – Company



COMPANY INFORMATION

Company Number Affix Company Seal here *(if applicable)*

Registered Company Name.....

Description of Business.....

Date of Incorporation Country of Incorporation

Industry..... Tax Compliance No TRN.....

Business Primary Trade Area(s) Jamaica Other

Business Primary Source of Funding Sales Fees Grants Other.....

Registered Office (Business Address)

.....

Parish/City..... Country

Fax No. Website..... E-mail

Primary Contact Person..... Tel. No. Position.....

Secondary Contact Person Tel. No. Position.....

Mailing Address *(if different from Address of Registered Office)*

.....

.....

Parish/City..... Country

BANKERS

Primary Bank

Full Name

Address

.....

Telephone No.

Secondary Bank

Full Name

Address

.....

Telephone No.

MAJOR SUPPLIERS *(where applicable)*

- 1.
- 2.
- 3.
- 4.

SOURCE OF FUNDS INFORMATION

State the source of the funds being used to open account(s)

.....

PRINCIPAL HOLDER INFORMATION

(This refers to the beneficial owners or major shareholders of the business)

Principal Holder 1

Full Name

Address

.....

Telephone No.

Title/Position

Principal Holder 2

Full Name

Address

.....

Telephone No.

Title/Position

DIRECTORS

(List Directors; for additional Directors please attach a separate sheet with their details)

	Name (First Name/ Last Name)	Residential Address <i>(proof of address must be submitted)</i>	ID Type (DL,PP,NI) <i>e.g. JA DL 245123987</i>	ID Number <i>(Attach Copies of ID)</i>	Expiry Date <i>(dd/mm/yyyy)</i>
1.					
2.					
3.					
4.					
5.					

AUTHORIZED SIGNERS

(List Authorized Signers; each signer MUST complete a Client Database Form – Individual, sign a signature card and submit 2 pieces of ID or 1 ID plus a Reference Letter)

Name	Name
Signature	Signature
Date	Date
 Name	 Name
 Signature	 Signature
 Date	 Date

SIGNING INSTRUCTIONS

Account Signing Instructions Any One to Sign Any Two Sign All to Sign Special Instructions

Special Instructions

BEARERS

(List the names of Personnel/Bearers authorized to collect documents/receive information on behalf of the Company)

	Name (First Name/ Last Name)	ID Type <i>(DL,PP,NI)</i>	ID Number <i>(Attach Copies of ID)</i>	Expiry Date <i>(dd/mm/yyyy)</i>
1.				
2.				
3.				
4.				
5.				

ADDITIONAL INFORMATION

Heard About Us Via Branch Effort Client Care Client Seminar/ Workshop
Friend Internet PPM Referral TV Financial Advisor
Radio Press Team Member Other.....

I/we confirm that by signing this form, I/we declare and acknowledge that the information given by me/us is, to the best of my/our knowledge, correct and will be relied upon by JMMB; also that I/we are authorizing JMMB to take such steps as it may deem necessary to verify any of the information provided by me/us. I/we have read this form, before signing and are aware of the obligations contained herein.

Name.....	Name.....
Signature.....	Signature.....
Date.....	Date.....
 JMMB Representative.....	 JMMB Authorizing Officer.....

DOCUMENTS RECEIVED FROM CLIENTS (for JMMB Purpose Only)

Articles of Incorporation Memorandum of Association Certification of Incorporation
Board Resolution Financial Statements Reference Letter
 Names of Directors/Specimen Signatures/TRN/ ID information for Directors /Authorized Signers