



JMMB Bank Limited

Account Application Form / Know Your Client Form – Individuals, Joint Individuals, Sole Traders

FOR OFFICIAL USE ONLY		
Client Identification Number	Applicant 1:	Applicant 2 (if applicable):
Branch	Date	Time

Please complete this application **clearly and in full**.

SECTION 1

PERSONAL INFORMATION

Title Full Name
(Mr., Miss, Mrs. Etc.) (First) (Middle) (Last)

Gender Male Female Marital Status Single Married Separated Common Law Divorced Widowed

Spouse: Full Name
(First) (Middle) (Last)

Date of Birth (dd/mm/yyyy) Country of Birth

Identification: DP# DP Exp PP# PP Exp
National ID# National ID Exp Other Form of ID

Nationality Are you a citizen / permanent resident of any other country? No Yes. If Yes, state

Dependents: Living arrangements Own Rent Other, Specify:

Mother's Maiden Name:
(First) (Middle) (Last)

CONTACT INFORMATION

Residential / Permanent Address (Proof required - not older than 6 months-Utility Bills or Statements from other regulated Financial Institution accepted)

City Country

How long have you been living at this address? (if less than 3 years, please indicate your previous address below)

Previous Address

City Country

Mailing Address (if different from residential address)

City Country

Tel No. (Home) Tel No. (Work) Tel No. (Mobile)

Email Address

EMPLOYMENT INFORMATION

Employment Status Full Time Part Time Retired Self Employed Student Unemployed Contract

Employer/Business Name (self-employed)

Occupation (Proof to be provided not older than 3 months) Industry

Job Title BIR #

Length of Time Employed: Date of Commencement:

Employer's Address:

City Country Employer's Telephone No.

Previous Employer's Name (if employed for less than 5 years in current job, please answer)

City Country Contact no.

INCOME DETAILS & PROJECTED LEVEL OF ACTIVITY

Purpose of Account

Income Range (gross per month from all sources) Under TT\$5,000.00 TT\$5,000.00 - TT\$10,000 TT\$10,001 - TT\$30,000.00
 TT\$30,001.00 - TT\$50,000.00 >TT\$50,000.00

What is the expected transaction amount and frequency? (e.g. TTD 20,000.00 per month) .Transaction amount Frequency

Please confirm your net worth (Assets less Liabilities) and how it was accumulated:

< TT\$500,000.00 >TT\$500,000.00 < TT\$2,000,000.00 >TT\$2,000,000.00 <TT\$5,000,000.00 >TT\$5,000,000.00 < TT\$10,000,000.00

>TT\$10,000,000.00 How was this accumulated? Please specify

Main source(s) of funds (for all transactions TT90K and over, a SOFD Form is required)



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SECTION 2: CONNECTED PARTY INFORMATION

1.1 Connected Party Status	Applicant 1	Applicant 2 (if applicable)
Are you a Director/Officer of JMMB Bank Limited?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a relative (spouse, parent, sibling, child) of a Director/Officer of JMMB Bank Limited?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details (name of Director/Officer and relationship):	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details (name of Director/Officer and relationship):

SECTION 3: POLITICALLY EXPOSED PERSONS

If you are a Politically Exposed Person (PEP) or an immediate family member (spouse, parent, sibling, child) of a PEP please note that there will be a 24 hour approval process for your account opening.

2.1 PEP Status	Applicant 1	Applicant 2 (if applicable)				
Are you or have you ever been a Head of State or Government, senior politician ¹ , senior government ² , judicial or military official, senior executives of a State-owned corporation ³ or an important political party official ⁴ either in Trinidad and Tobago or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details including duration and details of appointment:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details including duration and details of appointment:				
Are you or have you ever been entrusted with a prominent function by an international organization either in Trinidad and Tobago or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details including duration and details of appointment:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details including duration and details of appointment:				
Are you an immediate family member (spouse, parent, sibling, child), or a close personal or professional associate of any person who satisfies the description of a Politically Exposed Person (PEP) as set out in the two preceding questions?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details (name of PEP and relationship):	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details (name of PEP and relationship):				
If you answered 'yes' to any of the questions in this section, please complete this section as it pertains to your immediate family members (spouse, parents, siblings, children), or close personal or professional associates.	Name	Relationship	Date of Birth	Name	Relationship	Date of Birth
If you answered 'yes' to any of the questions in this section, please confirm your net worth	<input type="checkbox"/> Less than TTD500,000 <input type="checkbox"/> TTD500,000 to TTD 2,000,000 <input type="checkbox"/> TTD2,000,000 to TTD5,000,000 <input type="checkbox"/> More than TTD5,000,000	<input type="checkbox"/> Less than TTD500,000 <input type="checkbox"/> TTD500,000 to TTD 2,000,000 <input type="checkbox"/> TTD2,000,000 to TTD5,000,000 <input type="checkbox"/> More than TTD5,000,000				
If you answered 'yes' to any of the questions in this section, please confirm your source of wealth (how you accumulated your net worth)						
If you answered 'yes' to any of the questions in this section, please provide individual References (Two are required for High Risk clients- please see page 7)	Name:	Name:				
	Address:	Address:				
	Telephone:	Telephone:				
	Email Address:	Email Address:				

SECTION 4: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ASSESSMENT AND CERTIFICATION

3.1 Assessment of Indicia	Applicant 1	Applicant 2 (if applicable)
Are you a citizen of any country other than Trinidad and Tobago (If yes, copies of relevant passports to be provided)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:

¹ Senior Politician means: (a) A person elected to office in national, local or Tobago House of Assembly (THA) elections; or (b) A person appointed to serve as a Senator in the Parliament of Trinidad and Tobago, on the THA under the THA Act or as an Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act

² Senior Government Official means: A Permanent Secretary or any other person appointed as an Accounting Officer under the Exchequer and Audit Act or holding equivalent positions in a foreign country

³ Senior Executive of State Owned Corporations means: (a) The Chairman, Deputy Chairman, President or Vice-President of the board of directors; (b) The Managing Director, General Manager, Comptroller, Secretary or Treasurer; or (c) Any other person who performs for the body corporate functions similar to those normally performed by the aforementioned people who is duly appointed to perform those functions

⁴ Important Party Official means: The Chairman, Deputy Chairman, Secretary and Treasurer of a political party registered under the Representation of the People Act or individuals holding equivalent positions in a foreign country

⁵ Other Political Appointees means: Judges, Magistrate, Mayors, Deputy Mayors, Ambassadors, or individuals holding equivalent positions

⁶ Judicial & Military means: Heads of Protected Service- Prisons, Defense Force, Police Service, Fire Service



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Are you a US Citizen, Resident or Green Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
Are you a person who must comply with a disclosure requirement of tax residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list country(ies) of residency for tax purposes and corresponding Social Security Number (SSN) or Individual Tax Identification Number (ITIN) details:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list country(ies) of residency for tax purposes and corresponding Social Security Number (SSN) or Individual Tax Identification Number (ITIN) details:
	Country	SSN/ITIN
Are you a Grantee of a Power of Attorney or an authorized signatory with a US Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you giving standing instructions for the transfer of dividend income to a US Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you designated any US Beneficiaries on your account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client Declaration		
IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS IN THIS SECTION, PLEASE COMPLETE THIS CLIENT DECLARATION:		
Under penalty of perjury, I certify that:		
<ol style="list-style-type: none"> 1. The information herein is to the best of my knowledge and belief true and correct. 2. I am not a citizen or resident to tax purposes of any country other than those listed in this section. 3. I will notify JMMB Bank Limited immediately in the event of any change to the information stated in this section. 4. I agree that JMMB Bank Limited can provide to the United States Internal Revenue Service and to any relevant tax authority (or any party authorized to act on behalf of such an authority) any of the information provided in this section or any information that may be required to be provided by law to the United States Internal Revenue Service or other relevant tax authority relating to my account(s) with JMMB Bank Limited. 		
Signature (FATCA)	Applicant 1	Applicant 2 (if applicable)

CLIENT'S CERTIFICATE DECLARATION AND CONSENT

I / We Click or tap here to enter text. declare and confirm that the information given by me / us in this Application for Financial Services is true and correct and further confirm and declare that I am / We are not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft or any other Crimes or illicit activities. I am / We are aware that I am / we are required by the account agreement to deposit only good items to my / our accounts and to refrain from using the account for money laundering, criminal activities, specified offences or for furthering criminal purposes or conducts. I / We have not assumed the identity of any other person and the funds/deposits are beneficially owned by me / us and no one else.

I / We agree to compensate and/or indemnify the organization for whatever legal costs it may incur, as a result of any legal proceedings brought against me / us or any affiliate of mine / ours , whether it be a corporation or my / our legal personal representative, in connection with any issue involving the conduct of my / our accounts with your organization.

Consent is hereby given to the Organization to disclose this application, any information contained in it, other related confidential information of mine / ours and current and future deposits and other transactions of mine / ours to Law Enforcement Agencies, Regulatory Authorities, &/or subsidiaries of the Group.

I / We promise to abide by the terms of the account(s) agreement and I / We consent to all enquiries the Organization may make about me / us and to the retention of this application and all documents tendered by me / us in support of this application by the Organization.

I / We certify that this document is a true copy of the original

I / We certify that photographs/IDs submitted are a true likeness of my / our facial features.

Signature	Applicant 1	Applicant 2 (if applicable)
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	YES	NO	CERTIFIED BY
Has/have the applicant's name(s) been checked against internal/external watchlists?			
If there was a match, was the account referred to Compliance for approval (evidence of approval to be placed on client file)?			
Is/Are the applicant(s) a Politically Exposed Person(s)?			
If the applicant(s) is/are Politically Exposed Person(s), was the account referred to Compliance and the Senior Team Leader, Compliance for approval (evidence of approval to be indicated below)?			

Authorization

For ALL Accounts		
Interviewed By CSR	Print name:	Signature:
Confirmed By Branch Manager	Print name:	Signature:

For PEP Accounts ONLY		
Recommended by Branch Manager	Print name:	Signature:
Approved by Compliance	Print name:	Signature: