

JMMB SECURITIES (T&T) LIMITED IS A FULLY OWNED SUBSIDIARY OF JMMB INVESTMENTS (TRINIDAD AND TOBAGO) LIMITED

INFORMATION CONTAINED THEREIN WILL BE SHARED WITH ENTITIES OF THE JMMB GROUP OF COMPANIES, INCLUSIVE OF THE ABOVE NAMED COMPANIES

PLEASE COMPLETE IN BLOCK LETTERS

Universal Client Number:

Company Information Form

CLIENT CONTRACT TERMS AND CONDITIONS RECEIVED [] CONFLICT OF INTEREST RULES STATEMENT RECEIVED []

COMPANY INFORMATION

Registered Company Name Co. Registration Number

Nature/Description of Business

Date of Incorporation Country of Incorporation

Tax Compliance No./Tax Identification No./BIR No.

 Primary Trade Area(s) Trinidad & Tobago Other Trading Name/Abbrev

Address of Registered Office

City Country

Tel No. (1) Tel No. (2) Fax No.

Website E-mail

Mailing Address (if different from Address of Registered Office)

City Country

 Does the Company have any parent company, subsidiary or affiliates? Yes No (If Yes, list and state the relationship, may place on additional attachment)

INFORMATION ON AFFILIATES AND SUBSIDIARIES (Name, Address, Type of Business, % Owned) *If company is not publicly held, provide name, address and % ownership for each owner who directly or indirectly owns, controls or has voting power over 10% or more of any class of securities. This includes beneficial owners and silent partners, (where applicable, an additional sheet of paper may accompany this info.)*
ORGANIZATION TYPE
 Trust Company Investment Club Corporation Limited Liability Partnership Sole Proprietor

 Non-Profit Organization Governmental Organization Professional Association Other, specify

INDUSTRY/SECTORS/SERVICES (SEE DROP DOWN BOX FROM UCS FOR OPTIONS)

CONTACT PERSON

Primary Contact Person Position Tel. No.

INCOME DETAILS & PROJECTED LEVEL OF ACTIVITY

Expected transaction amounts and frequency (e.g. TT\$200,000 per month, etc.)

Main source(s) of funds (e.g. Sales, Fees, and Grants etc.)

POWER OF ATTORNEY (POA):

 Does any other Corporation, entity or person have a POA over this account? Yes No (If yes, please provide a copy of the written agreement conferring authority, including the person's name and relationship and ensure World Check is completed for named person and copy of ID received)

BANKERS

Principal Banker Secondary Banker

Full Name Full Name

Address Address

Telephone No. Telephone No.

MAJOR SUPPLIERS (where applicable)

1.

2.

CLIENT RISK APPETITE & INVESTMENT PROFILE

 The products offered to investors are classified in the range of low risk, medium risk and high risk. While diversifying your portfolio can reduce some risk, there is still some possibility of principal loss. Instructions may be given regarding transactions on the account. If it's of the opinion that carrying out particular instructions will not be suitable to the investor and if the investor wishes to still proceed, this instruction **should be obtained in writing from the investor.**

<input type="checkbox"/> Conservative (Low Risk)	I prefer an investment portfolio that has returns that are expected to be assured, and has little chance of falling below its original value.
<input type="checkbox"/> Moderate (Medium Risk)	I prefer an investment portfolio that is expected to yield high returns, but may have moderate fluctuations in value.
<input type="checkbox"/> Aggressive (High Risk)	I prefer an investment portfolio that is expected to yield very high returns, but may have significant fluctuations in value.

 Investment Experience None Limited Good Tenor Short Term Medium Term Long Term

 Investment Objective Capital Preservation Capital Appreciation Income

CORPORATE RELATIONSHIP INFORMATION

Principal Shareholders - (This refers to the principal owners or major shareholders of the business i.e. those holding 10% or more). Principal Shareholders are to provide 2 valid government issued identification, & proof of address. For additional owners please provide the information on an additional sheet of paper.

Principal Shareholder 1

Full Name

Residential Address

Telephone No.

Title/Position

Email Address

Is a US person? Yes No

If Yes state US affiliation

Principal Shareholder 2

Full Name

Residential Address

Telephone No.

Title/Position

Email Address

Is a US person? Yes No

If Yes state US affiliation

POLITICALLY EXPOSED PERSON (PEP)

<p>Are any of the owners, controllers or signatories or an immediate family member i.e. spouse, parent, sibling, child of the PEP and the parents, siblings & additional children of the PEP's spouse or close associate i.e. any individual publicly known or actually known to the financial institution to be a close personal or professional associate of the PEP ever been a Head of State or Government, Senior Politician¹, Senior Government,² Judicial or Military Official, Senior Executive of a State-Owned Corporation³ or an important political party official⁴ either in TT or abroad?</p> <p>If Yes, please provide details (including duration and details of employment- may include as an attachment to this form):.....</p> <p><i>Please note that there will be a 24 hour approval process for your account opening.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Bearer - (List the names of Personnel/Bearers authorized to collect documents/receive information on behalf of the Company)

	Name (First Name/Last Name)	ID Type (DL, ID, PP, other)	ID Number	ID Expiry Date (DD/MM/YYYY)
1.				
2.				

Directors - (List Directors; at least 2 Directors MUST submit 2 IDs, and Proof of Address) *PEP: Politically Exposed Person **RPEP: Related to PEP

	Full Name (Title, First, Middle, Last Name)	Residential Address (proof of address must be submitted)	Position (Director, Authorized Signatory)	PEP* OR RPEP** If PEP please state items above
1.				
2.				
3.				
4.				
5.				

Authorized Signatories- (List Authorized Signatories and the Company Secretary and provide evidence of authority e.g. certified copy of Board Resolution or committee resolution; each signatory and the company secretary MUST submit 2 IDs, and Proof of Address)

	Full Name (Title, First, Middle, Last Name)	Residential Address (proof of address must be submitted)	Telephone Number	Signature
1.				
2.				
3.				
4.				

SITE VISIT – TO BE COMPLETED PRIOR TO THE OPENING OF THE ACCOUNT

Date of visitContact Person During Site Visit.....Staff Complement

Other Observations During Site Visit: Visible signs of the business operations seen? Yes No, Client Traffic Observed? Yes NO

Visit Conducted by (must be a JMMB Personnel-if abroad then the client Company Secretary Attest to same).....

DECLARATION & CONSENT (NOTE FROM THE BOARD RESOLUTION THE PERSONS REQUIRED TO SIGN THIS PART)

Your financial information is used to help us manage operations, risk and to better serve you. The undersigned client hereby agree that the companies can disclose this application, any information contained in it, other related confidential information and transactions in this application and on accounts linked to this applicant to law enforcement agencies, regulatory authorities and other financial institutions or affiliate

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 Officials 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

A MEMBER OF THE JMMB GROUP

companies of the JMMB Group. The undersigned promises to abide by the terms of the account agreement and consent (s) to all enquiries which the companies may make about him/her/them to the retention of this application and all documents tendered by him/her/them in support of this application.

I confirm that by signing this form, I declare and acknowledge that the information given by me is correct and can be relied upon by the JMMB Group; also that I am authorizing the JMMB Group to take such steps as it may deem necessary to verify any of the information provided by me. I have read this form before signing and am aware of the obligations contained herein. I declare by signing this form that the information given in this application is true and correct and further confirm that I am not engaged in money laundering, drug trafficking, fraud, identity theft, or any other crimes of illicit activities.

I certify that this document is a true copy of the original.
I certify that photographs/IDs submitted are a true likeness of my facial features.

Client's Signature **Date:**



Client's Signature **Date:**

Witness by: **Date:**
(Team Member or Agent)

FATCA INFORMATION

Global Intermediary Identification Number (GIIN) (financial institutions only).....

Are you a disregarded entity* for US Federal Tax purposes? Yes No

**Disregarded Entity is an entity with one (1) owner which is not registered as a corporation. The entity elects not to be separate from its owner for tax purposes but is separate from its owner for liability purposes.*

Do you maintain financial accounts for non-participating Foreign Financial Institutions (FFI's)? Yes No

FATCA Code: Exempt payee code (if any) Exemption from FATCA reporting code (if any)

FATCA Code	Definition	FATCA Code	Definition
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)	H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
B	The United States or any of its agencies or instrumentalities	I	A common trust fund as defined in section 584(a)
C	A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities	J	A bank as defined in section 581
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)	K	A broker
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)	L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state	M	A tax exempt trust under a section 403(b) plan or section 457(g) plan
G	A real estate investment trust		

Kindly indicate your Chapter 4 Status (FATCA status)

- | | |
|---|--|
| Nonparticipating Foreign Financial Institution (including a limited Foreign Financial Institution or limited branch) | International organization |
| Participating Foreign Financial Institution | Exempt Retirement funds |
| Reporting Model 1 Foreign Financial Institution | Entity wholly owned by exempt beneficial owners |
| Participating Foreign Financial Institution in a Model 2 Inter Governmental Agreement jurisdiction | Territory financial institution |
| Registered deemed-compliant Foreign Financial Institution (other) | Excepted nonfinancial group entity |
| Sponsored Foreign Financial Institution that has not obtained a Global Intermediary Identification Number (only for payments made prior to January 1, 2016) | Excepted nonfinancial start-up company |
| Certified deemed-compliant non-registering local bank | Excepted nonfinancial entity in liquidation or bankruptcy |
| Certified deemed-compliant Foreign Financial Institution with only low-value accounts | 501(c) organization |
| Certified deemed-compliant sponsored, closely held investment vehicle | Non-profit organization |
| Certified deemed-compliant limited life debt investment company (only for payments made prior to January 1, 2017) | Non-Financial Foreign Entity that is publicly traded or affiliated of a publicly traded Non-Financial Foreign Entity |
| Owner-documented Foreign Financial Institution | Excepted territory Non-Financial Foreign Entity |
| Restricted distributor | Active Non-Financial Foreign Entity |
| Non-reporting Inter Governmental Agreement Foreign Financial Institution | Passive Non-Financial Foreign Entity |

Please indicate your US Status by signing at A or B below:

A. FATCA Certification for Non-US Person

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I further certify under penalties of perjury that:

- The person identified on the line entitled Registered Company Name on this form is the beneficial owner of all the income to which this form relates or is using this form to certify its status as an owner of a foreign financial institution or as a merchant submitting this form for the purposes of section 6050W.
- The person identified on the line entitled Registered Company Name is not a US person.
- The income to which this form relates is: (a) not effectively connected with the conduct of at trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt or custody of the income of which the entity named on the line entitled Registered Company Name is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the named entity on the line entitled Registered Company Name is the beneficial owner.

I agree that I will advise JMMB Group immediately if any certification on this form is no longer valid.

.....
Signature of individual authorized to sign for beneficial owner Name Date (DD/MM/YYYY)

.....
Signature of individual authorized to sign for beneficial owner Name Date (DD/MM/YYYY)

I certify that I have the capacity to sign for the entity identified on the line entitled Registered Company Name of this form.

B. FATCA Certification for US Person

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number (TIN) provided is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: I am exempt from backup withholding, or I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person

Certification instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

Signature of US Person Taxpayer Identification Number (TIN) Date (DD/MM/YYYY)

Signature of individual authorized to sign for US Person Name Date (DD/MM/YYYY)

This section is to be completed by a Justice of the Peace or Notary Public if documents were signed outside of Trinidad and Tobago.

I hereby certify that the signature(s) appearing on this form was/were affixed in my presence by the said person(s) who presented satisfactory identification(s).

Name Signature

Address

City Country



TO BE COMPLETED BY JMMB GROUP PERSONNEL ONLY

Subsidiary/Branch/Department

Documents Received from Client - highlighted areas are mandatory for the opening of the account

- Certification of Incorporation
- Memorandum & Articles of Assoc./Articles of Incorporation or Continuance
- Board Resolution
- Notice of Secretary
- Company BIR
- Partnership Agreement (where applicable)
- Client Contract
- Form W-8ECI
- ID, TRN & Proof of Address for Directors, Major Shareholders holding more than 10% of the paid up share capital of the Co & Authorized Signers
- Other documents
- 2 IDs and Proof of Address for at least 2 Directors, Signatories & Company Secretary
- Certificate of Registration (for Charities/Non-Profit Org. issued by Department of Cooperative & Friendly Societies)
- Signed Director's Statement /Certificate outlining the nature of the Company's Business
- Company By-laws (where applicable)
- Letter from Financial Intelligence Unit
- Form W9
- Previous year's annual returns
- Indemnity
- Trustee, Nominee or Fiduciary Client (Deed of Trust)
- Form W-8BEN-E
- 3 years Financial Statements/management accounts
- Current Tax Returns
- World Check for all Directors and Company
- Form W-8IMY
- Business Name Registration Certificate
- Notice of Address
- Form W-8EXP

Note: All Financial Institutions registered with any financial regulator will have to complete an AML/CFT Questionnaire to accompany this Form.

AML/CFT ASSESSMENT

1. Has the applicant's name been checked against the list of known and suspected terrorists or blocked persons and entities? MATCH NO MATCH
2. If a match was found, was a Unusual/Suspicious Activity Report completed and submitted to the Manager, Compliance? YES NO
3. Is the applicant engaged in any of the following businesses?

Listed Businesses		
Internet Gambling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Real Estate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Motor Vehicle Sales	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gaming Houses	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pool Betting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
National Lotteries On-Line Betting Games	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Charitable Organization	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cash Intensive Business	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Jewellery	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Professional service providers e.g. Attorney-at-Law, Accountant, Doctor or other Independent Legal Professional	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Money or Value Transfer Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A Private Members' Club	<input type="checkbox"/> YES	<input type="checkbox"/> NO
An Art Dealer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Trust and Company Service Providers	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Non-regulated Financial Institutions		
Credit Union	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Building Society	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Postal Service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cash Remitters		
Other		
PEPs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Overseas Company	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CLIENT RELATIONS OFFICER CONFIRMATION ON CLIENT DUE DILIGENCE

I confirm that I have complied with JMMB Group's Anti-Money Laundering and Anti-Terrorist Financing Policies and Procedures.

..... Name in Block Letters (Person collecting KYC documents) Signature Date
Account Opened on IT Application/s by..... (Name in BLOCK LETTERS)	Signature	Date
Checked by	Signature	Date
(Name in BLOCK LETTERS)		
Approved by	Signature	Date
(Name in BLOCK LETTERS)		