

A MEMBER OF THE JMMB GROUP

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.

CLIENT INFORMATION FORM

PLEASE COMPLETE IN BLOCK LETTERS

Universal Client Number AssignedDate.....

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

PERSONAL INFORMATION

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

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

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

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

Living arrangements Own Rent Other, Specify:

CONTACT INFORMATION

Residential / Permanent Address (Proof required - not older than 3 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 Mother's Maiden Name

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

Length of Time Employed: 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

Income Range (gross per month from all sources) Under TT\$6,000.00 TT\$6,601.00 - TT\$15,000.00 TT\$15,001 -TT\$32,500.00

TT\$32,501.00 - TT\$54,000.00 >TT\$54,000.00

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).....

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

CONNECTED PARTY INFORMATION

Are you a Director/Officer of any Company/ies in the JMMB Group? Yes No

Are you a relative (spouse (including common law), parent, sibling, child, step or adopted child or spouse's child) of a Director/ Officer of any Company/ies in the JMMB Group? Yes No

If Yes, please provide details (i.e. name of Director/Officer and relationship):.....

POLITICALLY EXPOSED PERSON (PEP) (If you are a PEP or an immediate family member (spouse, parent, sibling, child of the PEP and the parents, siblings & additional children of the PEP's spouse) of a PEP or close associate (any individual publicly known or actually known to the financial institution to be a close personal or professional associate of the PEP). Please note that there will be a 24 hour approval process for your account opening).

Are you or have you ever been a Head of State or Government, Senior Politician ¹ , Senior Government, ² Judicial or Military Official, Senior Executive of a State-Owned Corporation ³ or an important political party official ⁴ either in TT or abroad? If Yes, please provide details (including duration and details of employment):.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 PEP as set out above? If Yes, please provide details (name of PEP, Date of Birth and relationship):.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you ever been entrusted with a prominent function by an international organization either in Trinidad and Tobago or abroad? If Yes, please provide details:.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

AML/CFT ASSESSMENT

Have you ever been convicted of money laundering, fraud, identity theft, or any other crime of dishonesty anywhere? No Yes. If Yes, provide details:.....

POWER OF ATTORNEY

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

CONTACT PERSON

Name of Contact Person	Address of Contact Person	Relationship to the account holder	Years known to client	Phone number	Email address
			<input type="checkbox"/> 1-5 Years <input type="checkbox"/> > 5 Years		

FATCA INFORMATION- Assessment of Indicia

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:	
Are you a US Citizen, Resident or Green Card Holder	<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:	
	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	
Are you giving standing instructions for the transfer of dividend income to a US Account	<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	

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

A. FATCA CERTIFICATION FOR NON-US PERSONS

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:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder at a foreign financial institution,
- The person named under the section entitled 'Personal Information' on this form is not a U.S. person,
- The income to which this form relates is:
 - not effectively connected with the conduct of a trade or business in the United States,
 - effectively connected but is not subject to tax under an applicable income tax treaty, or
 - the partner's share of a partnership's effectively connected income,
- The person named under the section entitled 'Personal Information' on this form is a resident of the treaty country where they indicated tax is paid (if any) within the meaning of the income tax treaty between the United States and that country, 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 I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will advise the JMMB Group immediately if any certification made on this form is no longer valid.

Signature/Signature of beneficial owner (or individual authorized to sign for beneficial owner) _____ Date _____

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

B. FATCA CERTIFICATION FOR US PERSONS

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.

I agree that the JMMB Group 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) held.

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 _____

DECLARATION & CONSENT

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 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.

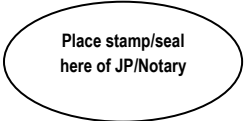
I confirm that by signing this form, I declare and acknowledge that the information given by me is correct and can be relied upon by the JMMB Group; also that I am authorizing the JMMB Group to take such steps as it may deem necessary to verify any of the information provided by me. I have read this 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: _____

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



Signature of JP/Notary Public _____ Date: _____
(Required ONLY if Form is NOT signed in the presence of JMMB staff-only for foreign clients)

TO BE COMPLETED BY JMMB GROUP PERSONNEL ONLY

Subsidiary/Branch/Department _____

Documents Received from Client (kindly attach to this form)

The highlighted items are mandatory:

- Driver's Licence
- Passport
- National ID + Birth Certificate (where applicable)
- World Check completed
- Proof of Address
- Proof of Income/Occupation
- Source of Declared Funds /SOFD Forms completed (where applicable)
- Resident Card
- BIR (or foreign equivalent)
- Notarized Picture + Birth Certificate (Minors only)
- Birth/Adoption Certificate
- Marriage Certificate
- Decree Absolute
- Letter from Financial Intelligence Unit
- Certificate of Loss of Nationality of the United States
- Missing Certificate of Loss of Nationality of the United States Form
- Banker's Reference (for foreign clients)
- Power of Attorney

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 noted below (please tick appropriate box)?

Listed Businesses

- Internet Gambling YES NO
- Real Estate YES NO
- Motor Vehicle Sales YES NO
- Gaming Houses YES NO
- Pool Betting YES NO
- National Lotteries On-Line Betting Games YES NO
- Charitable Organization YES NO
- Cash Intensive Business YES NO
- Jewellery YES NO
- Professional service providers e.g. Attorney-at-Law, Accountant, Doctor or other Independent Legal Professional YES NO
- Money or Value Transfer Services YES NO
- A Private Members' Club YES NO
- An Art Dealer YES NO
- Trust and Company Service Providers YES NO

Non-regulated Financial Institutions

- Credit Union YES NO
- Building Society YES NO
- Postal Service YES NO
- Cash Remitters YES NO

Other

- PEPs YES NO
- Overseas Company YES 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 Applications by _____ Signature _____ Date _____
(Name in BLOCK LETTERS)

Checked by _____ Signature _____ Date _____
(Name in BLOCK LETTERS)

Approved by _____ Signature _____ Date _____
(Name in BLOCK LETTERS)