



Appendix 3

Application for Business Accounts

Unit _____ Interviewed By: _____ Date _____

Name of Client:

Registered Address:

Business Address:

Telephone Number:

Branch Address:

Name of Beneficial Owner:

Is the Beneficial Owner a US Person? Yes No If Yes how?

Are you an exempt beneficial owner? Yes/No If Yes how

Is this entity a disregarded entity for US Federal Tax purposes? Yes No

Name of any Subsidiaries:

Company Registration No. Date Registered:

Date of Continuation Certificate: Corporation Tax File No.

Employer's B.I.R. No. Employer's NIS No.

VAT Registration No. License No.

Other Statutory Authorizations:

How long has the company been in operation?

Previous Name of Client:

Nature of Business:

Description of Business:

Type of Products and Services:

Annual Income: Expenditure: Profit:

Address of Plant, Factory or Warehouse:

.....

Are any of the above premises owned by the client? Yes No

If yes, which

.....

Does client have any business/subsidiaries engaged in Internet Betting or Casino Operations?

Yes/No If yes, explain

Has client, any of its Directors or Officers ever been charged or convicted for Money Laundering, Fraud, Drug Trafficking, Corruption or other financial crimes? Yes No

If yes, provide the name, address, birth date, date of crime/conviction and offence charged/convicted

.....
.....

Is the client up to date with its statutory obligations? Yes No

Provide particulars of other financial institutions, with which clients have dealt with in the past and those currently dealt with. Provide name, complete branch address, telephone #, fax #, email and dates of relationships, both local and foreign.

Continuation Sheet(s) used for full particulars?

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Does client belong to any trade, business or professional organization? Yes No

If yes, provide details:

.....
.....

Reason for choosing this financial institution:

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What is the purpose of the Account(s)?

.....

What is the source of wealth/funds?

.....

How much money will pass through account(s)?

Frequency in what form?

Where did the initial capital come from to start the business?

POLITICALLY EXPOSED PERSON - (one who is or was entrusted with important public functions in Trinidad and Tobago or a foreign country; e.g.- heads of state, heads of government, senior officials in the executive, legislative, administrative, military or judicial branches of government, senior officials of major political parties, and senior executives of government-owned corporations. Immediate relatives and relations to such persons such as parents, siblings, the spouse, children and close associates will be considered PEPs)

Are any of your major Shareholders, Directors or Signatories a PEP or the spouse, parent or sibling, child or close associate of a PEP? Yes No

If Yes, please include details of the PEP classification(s) in the Table below. If No, please skip to next section

Reason for PEP classification out of list provided above	Relationship (Self/Spouse/Parent/Sibling/Child/Close Associate)	Duration	Status (Active/Inactive)	Comments

Are any of your major Shareholders, Directors or Signatories a Director/Officer of JMMB Bank Limited?
 Yes No

If yes, please provide details (name of Director/Officer and relationship):

.....

Are any of your major Shareholders, Directors or Signatories a relative (spouse, parent, sibling, child) of a Director/Officer of JMMB Bank Limited?

Yes No

If yes, please provide details (name of Director/Officer and relationship):

.....

Request for Services -The Company would like to request the following services

Tick where applicable: Visa Card Online Banking Cheque Book

Provide the full correct name, address, birth date and one piece of identification, for persons who hold more than 10% of paid-up share capital

Name, Address & D.O.B. & 1 Piece of Identification	Contact Number	Percentage of Share Capital	Profession, Occupation or Qualification

Provide the full correct name, address, birth date, 1 piece of identification, country of birth and profession, occupation or qualifications for each Director and Authorized Signatory.

Directors

Name, Address & D.O.B. & 1 Pieces of Identification	Contact Number	Country of Birth & Country of Citizenship	Status, e.g. Owner, Director or Officer	Profession, Occupation or Qualification	Auth. To sign on account "Yes" or "No"
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

Authorized Signatory

Name, Address & D.O.B. & 1 Pieces of Identification	Contact Number	Country of Birth & Country of Citizenship	Status, e.g. Owner, Director or Officer	Profession, Occupation or Qualification	Auth. To sign on account "Yes" or "No"
					Yes No
					Yes No
					Yes No

Name & Address of External Auditors

Name and Address of Attorney-at-Law

Name and qualifications of Chief Executive Officer

Name and qualifications of Chief Financial Officer

Name and qualification of Company Secretary

Types of Insurance coverage carried by client

What kind of service/accounts will you require?

Is client in agreement with signing Source of Funds Declaration Forms for transaction proposed or carried out when requested by the Organization? Yes No

Has client produced all of the required authorization documents? Yes No

Will all funds deposited to the account(s) be beneficially owned by the client? Yes No

If no, give details

We the duly authorized representative of declare and confirm that the information given by us in this Application for Financial Services is true and correct and we further confirm and declare that we are not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft or any other Crimes or illicit activities. We are aware that we are required by the account agreement to deposit only good items to our account(s) and to refrain from using the account for money laundering, criminal activities, specified offences or for furthering criminal purposes or conducts.

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/us, 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 and current and future deposits and other transactions of mine to Law Enforcement Agencies, Regulatory Authorities, other Financial Institutions or affiliate companies of the Group.

We promise to abide by the terms of the account agreement and we consent to all enquiries the Organization's Due Diligence and verification procedures and to the retention of this application and all documents tendered by us by the Organization.



Client's Signature - Director



Client's Signature - Director



Client's Signature – Company Secretary

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

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

Financial Institution: Please select the appropriate classification below:

Participating Financial Institution¹ – (Please provide GIIN¹) GIIN# _____

Sponsored Financial Institution¹. Please provide your GIIN. If you do not have one, please provide your Sponsor's name and your Sponsor's GIIN.

GIIN# Sponsor Name: _____
Sponsor GIIN# _____

If unable to provide a GIIN, please select the reason why your organization does not have a GIIN:

- It is a FI in a Model 1 IGA country and has not yet obtained a GIIN
- It is a FI that intends to apply for a GIIN but has not yet applied or has not yet received it
- It is an Exempt Beneficial Owner¹
- It is a Certified Deemed Compliant Financial Institution¹
- It is a Registered Non-Profit Organisation¹
- It is an Owner-documented FFI¹
- It is a Territory Financial Institution¹
- It is a Non-Participating Foreign Financial Institution¹

All Other Entities: Please select the appropriate classification below:

- Nonparticipating FFI (including a limited FFI or limited branch)
- Participating FFI
- Reporting Model 1 FFI
- Participating FFI in a Model 2 IGA jurisdiction
- Registered deemed-compliant FFI (other)
- Sponsored FFI that has not obtained a GIIN (only for payments made prior to January 1, 2016)
- Certified deemed-compliant nonregistering local bank
- Certified deemed-compliant FFI with only low-value accounts
- Certified deemed-compliant sponsored, closely held investment vehicle
- Certified deemed-compliant limited life debt investment company (only for payments made prior to January 1, 2017)
- Owner-documented FFI
- Restricted distributor
- Nonreporting IGA FFI
- Foreign government, Government of a US possession, or foreign central bank of issue
- International organization
- Exempt Retirement funds
- Entity wholly owned by exempt beneficial owners
- Territory financial institution
- Excepted nonfinancial group entity
- Excepted nonfinancial start-up company
- Excepted nonfinancial entity in liquidation or bankruptcy
- 501(c) organization
- Non-profit organization
- NFFE that is publicly traded or affiliated of a publicly traded NFFE
- Excepted territory NFFE
- Active NFFE
- Passive NFFE
- Not receiving withholdable/ passthru payment

SUMMARY OF CONTROLLING PERSONS THAT ARE REPORTABLE-

Full Name	% Ownership	SSN/ TIN/ EIN	Country of Birth	Nationality	Date of Birth

INCOME EARNINGS-

Does Entity derive more than 50% of its gross earnings from passive income, AND, is more than 50% of the Entity's weighted average percentage of assets held for the production of passive income?

Note: Passive income includes interest, dividends, rent and royalties, annuities, and gains from the sale of passive assets.

Yes

No

EXEMPTION-

Is Entity considered an 'Exempt Beneficial Owner' under a statutory authority or tax treaty with respect to specified types of income? *Supporting documents must be provided to indicate this.*

Yes Supporting documents provided

No

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

A. FATCA Certification for non-US person

Under penalties if 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:

1. The person identified on the line entitled Name of Client on this form is the beneficial owner of all the income to which this form related 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.
2. The person identified on the line entitled Name of Client on this form
3. The income to which this form relates is: (a) not effectively connected with the conduct of a 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
4. 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 Name of Client is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity named on the line entitled Name of Client is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

I certify that I have the capacity to sign for the entity identified on the line entitled Name of Client on 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 Name Date (DD/MM/YYYY)
sign for US Person

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

**For Compliance Review
Official Use**

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.....
.....

Manager's Signature

Compliance Officer

Date

Date

Marked for Enhanced Due Diligence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
All Watch Lists Checked (SDN, OFAC, Internal, External, PEPs, etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>