

To become a client of the JMMB Group the following information is required from Directors and Authorized Signers:

1. One (1) valid identification (Driver's License or Passport or National ID/Resident/Citizenship Card + Birth/Adoption Certificate);
2. Tax Registration Number (Jamaica & Dominica Republic only) or Foreign Equivalent,
3. Proof of Residential Address (Must have the Director or Authorized signer's name and residential address on it and must not be older than 3 months)

Kindly select territory where application is being completed

Jamaica (JA)     Trinidad & Tobago (TT)     Dominican Republic (DR)

**BUSINESS INFORMATION**

(Complete where applicable)

Registered Name:

Description of Business:

Date of Incorporation (dd/mm/yyyy):

Country of Incorporation:

Industry/Sector:

Tax Compliance No./Tax Identification No.:

Primary Trade Area(s):  Jamaica (JA)     Trinidad & Tobago (TT)     Dominican Republic (DR)     Other (specify):

Primary Source of Funding  
(How did you get this money?)

Address of Registered Office:

Parish/City:

State:

Zip Code/Sector:

Country:

Tel. No. 1:

Tel. No. 2:

Fax:

Website:

Email:

Mailing Address (if different from Registered Office):

Parish/City:

State:

Zip Code/Sector:

Country:

Primary Contact Person:

Position:

Tel. No.

Secondary Contact Person:

Position:

Tel. No.

**INCOME DETAILS & PROJECTED LEVEL OF ACTIVITY**

What is the maximum projected level of activity within a year?  
(e.g. between \$100,000 - \$200,000)

**Expected transaction amounts and frequency**  
(e.g. \$10,000 per month)

Overall Income:

Source of Wealth:  
(How did you get this money/ wealth?)

Major Suppliers  
(where applicable):

Purpose of the Accounts:

**BANKERS**

Name of Principal Banker:

Name of Secondary Banker:

Address:

Address:

Tel. No.:

Tel. No.:

Tel. No.:

Tel. No.:

**LEVEL OF AUTHORITY TO MANAGE PORTFOLIO**

**Full Discretion** - Client grants full authority without consultation  **Partial Discretion** - Clients must be contacted before execution of any trade or transaction  **Custody** - No discretion to trade. Assets are for safekeeping and reporting only

**RISK APPETITE**

**Conservative (Low Risk)**  **Medium (Medium Risk)**  **Aggressive (High Risk)**

**CORPORATE RELATIONSHIP INFORMATION**

**Politically Exposed Persons (PEP):** Are any directors, signatories, majority shareholders or their immediate family members (spouse\*, child, step & adopted child, parents, siblings, child's spouse\*) or their close business associates, a current or former Head of State, Head of Government, member of any House of Parliament, Minister of Government, member of the judiciary, military official above the rank of Captain, member of police above the rank of Assistant Commissioner, Permanent Secretary or Chief Technical Director in charge of a Government department/ministry/executive agency/ statutory body, official of any political party &/or director or CEO of any company owned by your country of residence or a foreign government? Please provide specific details in the respective section below.

**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 a valid government issued identification, TRN (if applicable) & proof of address. For additional shareholders please provide information on a separate sheet of paper.

Principal Shareholder 1	Principal Shareholder 2
Full Name:	Full Name:
Residential Address:	Residential Address:
Tel. No.:	Tel. No.:
Title/Position:	Title/Position:
Email Address:	Email Address:
Is a US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes state US affiliation PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes capacity:	Is a US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes state US affiliation PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes capacity:

**Directors**

Full Name (Title, First, Middle, Last Name)	Residential Address (Proof of Address must be submitted)	Telephone Number	PEP? (If yes, state capacity)

**Authorised Signers**

Full Name (Title, First, Middle, Last Name)	Signature	PEP? (If yes, state capacity)

Is the company:

- a. Acting as a trustee for another in relation to the business relationship or one-off transaction concerned?  Yes  No
- b. One with nominee shareholders, or shares held in bearer form?  Yes  No

**ADDITIONAL INFORMATION**

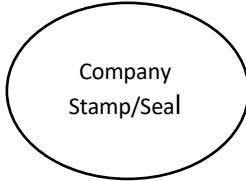
Heard about us via:      Branch Effort    Campaign      Client      Client Care Centre      Financial Advisor  
Friend      Internet      Newspaper      Radio      Client Education Workshop  
Team Member    Television  
Other (Please specify)

**DECLARATION & CONSENT**

Your financial information is used to help us manage operations, risk and to better serve you. Your information may also be used to satisfy valid information requests from regulators and other organizations or individuals who are legally entitled to such information.

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 the JMMB Group; also that I/we are authorizing the JMMB Group 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	Position	Signature
Date (dd/mm/yyyy):		



**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
<b>A</b>	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)	<b>H</b>	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>B</b>	The United States or any of its agencies or instrumentalities	<b>I</b>	A common trust fund as defined in section 584(a)
<b>C</b>	A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities	<b>J</b>	A bank as defined in section 581
<b>D</b>	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)	<b>K</b>	A broker
<b>E</b>	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)	<b>L</b>	A trust exempt from tax under section 664 or described in section 4947(a)(1)
<b>F</b>	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	<b>M</b>	A tax exempt trust under a section 403(b) plan or section 457(g) plan
<b>G</b>	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)
- Participating Foreign Financial Institution
- Reporting Model 1 Foreign Financial Institution
- Participating Foreign Financial Institution in a Model 2 Inter Governmental Agreement jurisdiction
- Registered deemed-compliant Foreign Financial Institution (other)
- Sponsored Foreign Financial Institution that has not obtained a Global Intermediary Identification Number (only for payments made prior to January 1, 2016)
- Certified deemed-compliant non-registering local bank
- 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 Foreign Financial Institution
- Restricted distributor
- Non-reporting Inter Governmental Agreement Foreign Financial Institution
- 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
- Non-Financial Foreign Entity that is publicly traded or affiliated of a publicly traded Non-Financial Foreign Entity
- Excepted territory Non-Financial Foreign Entity
- Active Non-Financial Foreign Entity
- Passive Non-Financial Foreign Entity

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

**A. FATCA Certification for Non-US Entities**

Under penalties of perjury, I/We 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/We further certify under penalties of perjury that:

1. The person(s) identified on the line entitled Registered 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.
2. The person identified on the line entitled Registered Name is not a US person.
3. 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**
4. For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I/We 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 Name is the beneficial owner.

I/We 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.

