



Account / Client Information Update Form

Universal Client Number Assigned.....

CUF-072020

This form is to be used to make updates to Account and/or Client Information for JMMB Group clients. A separate form MUST be completed by each client whose information is to be updated. Please check the appropriate box(es) and indicate the update(s) which are being requested.

To update client details, the following documentation may be required:

- 1. One (1) piece of valid identification in the form of Driver's License, Passport, Resident Card, Citizenship Card, Passport Card or National ID. (N.B. A Birth Certificate must be provided if nationality is not stated on any of the above forms of ID with the exception of a National ID).
2. Two (2) References from any of the following (only 1 internal reference is allowed): Notary Public/Justice of the Peace, Police Officer at or above the rank of Inspector, Army Officer above rank of Major/Lt. Commander, Minister of Religion, Lawyer, Medical Doctor, Chartered Accountant, Current Employer, Banker's reference, Principal (registered with MOE), Judge, Chief Justice, Director of a Company within the JMMB Group, JMMB Group client of over two years, JMMB Team Member of over a year. Immediate family members cannot provide a reference.
3. Tax Registration Number or Foreign Equivalent,
4. Proof of Residential Address (Must have YOUR name and YOUR residential address on it and must not be older than 3 months)
5. Source of Funds source of funds being used to open the account as well as (projected) source of future investments or deposits. Proof of income is not required.
6. Minors (under the age of 18 years old) will be required to provide one of the following - birth certificate, adoption certificate, voluntary declaration, or court order and one valid (1) piece of valid form of identification which may be a Driver's License, Passport, Resident Card, Citizenship Card or Passport Card. Where a valid picture ID is not available then a notarized picture will be accepted.

CURRENT PERSONAL INFORMATION (as stated on Account(s))

Client Name (as stated on Account(s)) (Title) (First) (Middle) (Last)

Date of Birth (dd/mm/yyyy) (as stated on Account(s)) TRN (as stated on Account(s))

UPDATE PERSONAL INFORMATION

Client Name Change

If your name is incomplete, spelt incorrectly in our database or has changed, e.g. by marriage/deed poll, please print as it should appear on your client record and provide proof of the change.

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

Marital Status Single Married Separated Common Law Divorced Widowed

Client Signature

Kindly indicate new signature in this space

Signature box

Email Address (1) (2) Additional Replacement

Telephone No - (H) (W) (M) Fax

Mailing OR Residential Address (for residential address changes please provide current proof of address - no older than 3 months)

Parish/City State Zip Code Country

Politically Exposed Persons (PEP): Are you or any of your 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?

No Yes If Yes in what capacity? * including common-law

Are you acting as a trustee for another in relation to the business relationship or any one-off transaction? Yes No

Employment Status (select one) Full Time Part Time Retired Self Employed Student Unemployed Minor

Industry Occupation/Profession

Self Employed Yes No 'Trading As' Name (if Applicable)

Employer's Name

Employer's Address

Parish/City State Zip Code Country

INCOME DETAILS & PROJECTED LEVEL OF ACTIVITY

Income Range Income Range (e.g. between 100,000 - 200,000 gross per annum) _____

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, etc.) _____

Main source(s) of funds _____

Principal Bankers _____ Branch _____ Tel _____

Address of Principal Bankers _____

REFERENCE INFORMATION

Name of Referee 1	Contact Number	Reference Capacity (**Please note acceptable references stated above)	Years known to Referee	Is the individual known to the referee personally?
			<input type="checkbox"/> 1-5 Years <input type="checkbox"/> > 5 Years	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> 1-5 Years <input type="checkbox"/> > 5 Years	<input type="checkbox"/> Yes <input type="checkbox"/> No

UPDATE ACCOUNT INFORMATION

Add New Client(s) to Account

State FULL name of client(s) to be added and the account(s) to which they are to be added. Ensure each new client signs in the space below. Each new client must complete a Client Information Form and provide documents required as per AML/KYC Regulations.

	Name(s) to be Added <small>(enter title, first, middle & last name)</small>	Add to Account(s)	Signing Instructions	Client Being Added
				DOB (dd/mm/yyyy)/TRN/UCIN
1			<input type="checkbox"/> Any One to Sign <input type="checkbox"/> Any Two to Sign <input type="checkbox"/> All to Sign <input type="checkbox"/> Special Instructions	DOB TRN UCIN.....
2			<input type="checkbox"/> Any One to Sign <input type="checkbox"/> Any Two to Sign <input type="checkbox"/> All to Sign <input type="checkbox"/> Special Instructions	DOB TRN UCIN.....
3			<input type="checkbox"/> Any One to Sign <input type="checkbox"/> Any Two to Sign <input type="checkbox"/> All to Sign <input type="checkbox"/> Special Instructions	DOB TRN UCIN.....

.....
 Client's Name Client's Signature Date (DD/MM/YYYY)

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 Client's Name Client's Signature Date (DD/MM/YYYY)

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 Client's Name Client's Signature Date (DD/MM/YYYY)

ELECTRONIC INDEMNITY

TO: JMMB GROUP LIMITED and its subsidiaries and affiliated companies

Authority and Indemnity re Facsimile, Electronic Mail and Verbal Instructions

The term "JMMB Group" when used in this document means, collectively, JMMB Group Limited and all of its subsidiaries and affiliated companies (as such terms are defined in the Companies Act), whether such subsidiaries and affiliated companies are now in existence or are subsequently formed or become affiliated with JMMB Group Limited.

I (your client) hereby authorize JMMB Group to act on non-signature bearing instructions which it receives by any of the methods approved by me below (hereinafter referred to as "the Instructions"). In consideration of JMMB Group, any of its officers or agents or otherwise accepting the Instructions, including regarding any of my accounts with you, whether such accounts are individual or joint, or they currently exist or are subsequently opened or operated in my name, I agree:

- that JMMB Group may accept and act on the Instructions sent by me from time to time and I voluntarily and with full knowledge take and assume any and all risks associated with the Instructions;
- that whenever the Instructions are received by JMMB Group and purportedly sent by the authorized signer(s) on an account (subject to specific signing instructions on the account, e.g. "any one to sign" or "all to sign"), JMMB Group shall have no obligation to check or verify the authenticity or accuracy of the Instructions or the identity of the sender or confirmer of the Instructions and may act on the Instructions as if they had been duly provided in writing under my signature or given by me in person at one of your offices;

3. to irrevocably authorize JMMB Group to execute the Instructions immediately upon first receipt by any of the methods approved by me below or from time to time (e.g. fax or email), and to debit my/our account(s) with all sums of money whatsoever, interest on money, costs, charges and expenses which JMMB Group may incur or charge as a result of its complying with the Instructions. Where the Instructions are later duplicated or contradicted by instructions bearing signatures, JMMB Group may act on those signature-bearing
4. instructions as well as the previous Instructions sent in accordance with this authorization. If this should occur I acknowledge that JMMB Group shall not bear any loss or damage resulting from acting on both sets of instructions and I hereby agree to indemnify JMMB Group against all losses, liabilities, claims or damages which may arise. JMMB Group in line with good customer service may endeavor to assist me to rectify, however JMMB Group is not obligated to do so. Transactions involving a third party are at the sole discretion of that party to assist in rectifying;
5. that in acting on the Instructions, JMMB Group will at all times be deemed to have acted properly in executing the Instructions and to have completely performed all obligations owed to me, notwithstanding that the Instructions received by JMMB Group purportedly from me may have been initiated or communicated in error or fraudulently, or without or in excess of any required authority and notwithstanding any error or misunderstanding or lack of clarity in the terms of such Instructions. I agree that JMMB Group may execute any Instructions by reference to the account number only, even if the name on the account is also provided (including where there may be a discrepancy between the two). I shall at all times be bound by the Instructions received by JMMB Group and purportedly sent by me from time to time on which JMMB Group may act;
6. that JMMB Group reserves the right, in its absolute discretion, not to act on the Instructions received in whole or in part. Without limiting that absolute power, JMMB Group may refuse to act on the Instructions if JMMB Group believes that the Instructions were fraudulently provided. In its sole and absolute discretion, JMMB Group may put the Instructions on hold pending further enquiry or further confirmation (whether written or otherwise) by me. JMMB Group shall in no event or circumstances be held liable in any respect for any costs or losses suffered from declining to accept or act on the Instructions or putting the Instructions on hold;
7. that notwithstanding the above, JMMB Group is not obligated to carry out such further enquiry or seek or obtain further confirmation, and it may proceed to act in accordance with the Instructions and shall in no event or circumstances be held liable in any respect for any costs or losses suffered from so proceeding;
8. JMMB Group may from time to time change its policies in relation this authorization without notice to me. These policy changes include the types of instructions to which this authorization may or may not apply. Unless otherwise changed by JMMB Group, the policy is that this authorization will not apply to:
 - (i) changing signing instructions on accounts;
 - (ii) adding persons to existing accounts;
 - (iii) applications for cards (including debit and credit cards); and
 - (iv) applications for loans, hypothecations and guarantees;
9. to indemnify JMMB Group, its officers, agents and assigns and to keep each of them free and harmless from and against all actions, proceedings, liabilities, claims, damages, diminution in value of property, costs, losses and expenses of any nature whatsoever and howsoever arising out of or in connection with JMMB Group acting on the Instructions in whole or in part sent or having exercised (or failed to exercise) the discretion conferred upon JMMB Group in paragraph 5 above. I irrevocably agree to pay such amounts to JMMB Group that arise pursuant to this paragraph on demand. This paragraph shall survive the termination or invalidity of this authorization or any portion of it;
10. to be jointly and individually liable under this authority and indemnity in respect of any and all joint accounts;
11. that JMMB Group is providing me with an additional contractual service via this authorization, and will hold and enforce its terms on me and any account holder(s) that are currently on or that may be added to my account for which this service will apply. I agree that notice of the terms of this authorization to one joint account holder is deemed to be notice to any/all other joint account holder(s), and all joint account holders will be bound by the terms herein. I undertake to inform all joint account holder(s) of the execution of this authorization and its terms;
12. that I acknowledge that providing the Instructions is for my convenience and in my interest only and at my sole discretion and is not a feature of my account(s) with JMMB Group;
13. that this authorization will operate to terminate and supersede all previous authorities that I gave to JMMB Group to accept non-signature bearing instructions;
14. that this authorization may be terminated by me or by JMMB Group upon ten (10) days' prior written notice to the other, provided, however, that this authorization may be terminated by JMMB Group immediately without notice in the event JMMB Group deems the security of the procedures hereby established to have been materially compromised or breached; and provided further that termination by JMMB Group or me shall not affect JMMB Group's rights or release me from my obligations, including without limitation, to indemnify JMMB Group with respect to any Instructions received by JMMB Group prior to termination;
15. JMMB Group may from time to time in writing vary, add to or replace the terms and conditions in this indemnity and unless I terminate this authorization, I will be deemed to consent and agree to each such variation, addition and replacement which shall be binding on me;
 1. that this authorization in all respects shall be construed in accordance with and governed by the laws of the country where the member company of the JMMB Group is located.

Please indicate the method(s) for the transmission of Instructions to JMMB Group which are approved or not approved by you by checking the appropriate box. For each method of transmission you must indicate either Yes or No.

Method of Transmission of Instruction

	Yes	No
1. Facsimile (by way of fax machine using telephone network, hereinafter referred to as "Fax")	<input type="checkbox"/>	<input type="checkbox"/>
2. Electronic mail (by the means of transmitting information electronically between computers via the worldwide web hereinafter referred to as "E-mail") at the e-mail addresses indicated below: Email Address: _____ Email Address: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Verbally (oral communication by telephone or other means) It being acknowledged and understood by me that verbal instructions may only be provided to the Call Centre Unit.	<input type="checkbox"/>	<input type="checkbox"/>

Other Client/Account Update (Please indicate below any other update being requested e.g. contact person's name, address, mother's maiden name, phone no., account address, mail status)

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CONSENT & DECLARATION

I confirm that by signing this form, I declare and acknowledge that the information given by me is correct and will be relied upon by the JMMB Group; also that I am authorizing 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.

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument, and shall become effective when counterparts have been signed by each of the relevant clients and delivered to JMMB; it being understood that all clients need not sign the same counterparts.

Client's Signature

Name of JP/Notary Public



Signature Date

Client's Signature

(Applicable if any 2 to sign)

Name of JP/ Notary Public



Signature Date

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 on the 'Client Name' line of this form is not a U.S. person,
- 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 applicable income tax treaty, or
 - c) the partner's share of a partnership's effectively connected income,
- The person named on the 'Client Name' line of this form is a resident of the treaty country where they indicated tax is paid of the form (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 JMMB immediately if any certification made on this form is no longer valid.**

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

Date (DD/MM/YYYY)

B. FATCA CERTIFICATION FOR US PERSONS

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number (TIN) provided is my correct TIN (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) 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. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature of US Person

Taxpayer Identification Number (TIN)

Date (DD/MM/YYYY)

Signature of individual authorized to sign for beneficial owner

Name

Date (DD/MM/YYYY)

TO BE COMPLETED BY JMMB PERSONNEL ONLY

Documents Received from Client (kindly attach to this form)

- | | | |
|--|--|---|
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Passport | <input type="checkbox"/> National ID + Birth Certificate/Adoption Certificate |
| <input type="checkbox"/> Resident/ Citizenship Card | <input type="checkbox"/> Birth/Adoption Certificate | <input type="checkbox"/> Court Order <input type="checkbox"/> Voluntary Declaration |
| <input type="checkbox"/> Proof of Residential Address | <input type="checkbox"/> TRN (or foreign equivalent) | <input type="checkbox"/> Notarized Picture + Birth Certificate (Minors only) |
| <input type="checkbox"/> Birth/Adoption Certificate | <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Decree Absolute |
| <input type="checkbox"/> Certificate of Loss of Nationality of the United States | | <input type="checkbox"/> Missing Certificate of Loss of Nationality of the United States Form |

FOR BRANCH USE ONLY	Receiving Agent:	Signature:	Date (dd/mm/yy):
	Input Agent:	Signature:	Date (dd/mm/yy):
	Risk Status: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Connected Party: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship Officer:
FOR BRANCH SUPPORT UNIT	Input Officer:	Signature:	Date (dd/mm/yy):
	Approving Officer:	Signature:	Date (dd/mm/yy):
	Scanning Officer:	Signature:	Date (dd/mm/yy):