

Universal Client Number Assigned: _____

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

1. **1 valid identification** (Driver's License or Passport or National ID/Resident Card + Birth/Adoption Certificate)*;
2. **Tax Registration Number or Foreign Equivalent,**
3. **Proof of Residential Address** (Must have **YOUR** name and **YOUR residential** address on it and must not be older than 3 months)

This form is to be used to make updates to a Company record. Please check the appropriate box(es) and indicate the update(s) which are being requested.

Registered Company Yes No If No, state type of company: _____

Company Code (assigned by JMMB): _____ Company Account Number: _____

Company Name (as stated on client record): _____

Politically Exposed Persons (PEP): Are any of the 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?

No Yes **If Yes in what capacity?** _____

* including common-law

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

UPDATE COMPANY INFORMATION

Principal Shareholders (Kindly submit copy of documentation indicating new principal shareholders. Principal Shareholders are to provide 1 valid government issued identification, TRN & proof of address. For additional owners please provide the information on an additional sheet of paper).

Principal Shareholder 1

Principal Shareholder 2

Full Name: _____

Full Name: _____

First Name Middle Initials Last Name

First Name Middle Initials Last Name

Residential Address: _____

Residential Address: _____

Telephone No.: _____

Telephone No.: _____

Title/Position: _____

Title/Position: _____

Email Address: _____

Email Address: _____

% Shareholding: _____

% Shareholding: _____

Is a US person? Yes No

Is a US person? Yes No

If Yes state US affiliation _____ PEP? Yes No

If Yes state US affiliation _____ PEP? Yes No

UPDATE DIRECTORS - Kindly submit a copy of the Resolution indicating new directors &/or authorized signers.

Name:			
Title	First Name	Middle Initials	Last Name
Residential Address: <small>(proof of address must be submitted)</small>		Tel No.:	
PEP? No Yes (If Yes, Please State Capacity) _____			

Name:			
Title	First Name	Middle Initials	Last Name
Residential Address: <small>(proof of address must be submitted)</small>		Tel. No.:	
PEP? No Yes (If Yes, Please State Capacity) _____			

REGISTERED BUSINESS ADDRESS: _____

NATURE OF BUSINESS: _____

AUTHORIZED SIGNATORIES - (Each authorized signer MUST submit 1 valid ID, TRN and proof of their residential address)

	NAME(S) <small>(enter title, first, middle & last name)</small>	ADD TO /REMOVE FROM ACCOUNT(S)	SIGNING INSTRUCTIONS	SIGNATURE OF CLIENT BEING ADDED	PEP? (IF YES, PLEASE STATE CAPACITY)
1		<input type="checkbox"/> Add or <input type="checkbox"/> Remove Account No.: _____	<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: _____		
2		<input type="checkbox"/> Add or <input type="checkbox"/> Remove Account No.: _____	<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: _____		
3		<input type="checkbox"/> Add or <input type="checkbox"/> Remove Account No.: _____	<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: _____		

*Additional instructions may be indicated on the Supplemental Company Relationship Sheet.

INCOME DETAILS & PROJECTED LEVEL OF ACTIVITY rest at heart.

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.) _____

Income: _____ Main source(s) of funds: _____

Purpose of the Account: _____

BANKERS

Principal Banker

Secondary Banker

Full Name: _____
Title First Name Middle Initials Last Name

Full Name: _____
Title First Name Middle Initials Last Name

Address: _____

Address: _____

Telephone No. _____

Telephone No. _____

COMPANY MAILING ADDRESS / INSTRUCTIONS

	ACCOUNT NUMBER	NEW MAILING ADDRESS	NEW MAILING INSTRUCTION
1.			<input type="checkbox"/> Mail <input type="checkbox"/> Hold* <input type="checkbox"/> Email to: _____ _____
2.			<input type="checkbox"/> Mail <input type="checkbox"/> Hold* <input type="checkbox"/> Email to: _____ _____

*Please note that authorization will be required from a Branch Manager or Branch Operations Manager to 'Hold' mail.

CONTACT PERSON INFORMATION

CONTACT PERSON NAME	POSITION	CELL NUMBER	OFFICE NUMBER

BEARERS

(List the names of Personnel/Bearers authorized to collect documents/receive information on behalf of the Company)

	NAME (First Name/Last Name)	ID TYPE (*)	ID NUMBER	ID EXPIRY DATE (DD/MM/YYYY)
1.				
2.				

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 JMMB; also that I/we am authorizing JMMB 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.

Authorized Signatory Name: _____ Authorized Signatory Name: _____

Title: _____ Title: _____

Signature: _____ Signature: _____

Date: _____ (DD/MM/YYYY) Date: _____ (DD/MM/YYYY)



This section is to be completed by a Justice of the Peace, Notary Public, Bank Manager or Attorney-at-Law if documents were signed outside a JMMB Office.

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: _____

Parish/City: _____ State: _____ Zip Code: _____

Country: _____ Date: _____ (DD/MM/YYYY)



Kindly indicate your Chapter 4 Status (FATCA status)

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

1. 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.
2. The person identified on the line entitled Registered Company 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.

Your best interest at heart.

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 entity on line 1 is the beneficial owner.

I agree that I will advise JMMB 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 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 the entity's correct TIN (or we are waiting for a number to be issued to us), and
2. The entity is not subject to backup withholding because: (a) The entity is exempt from backup withholding, or (b) The entity has not been notified by the Internal Revenue Service (IRS) that they are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the entity that they are no longer subject to backup withholding, and
3. The entity is U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that the entity is exempt from FATCA reporting is correct.

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: _____
First Name Middle Initials Last Name

Taxpayer Identification Number (TIN): _____

Date: _____
 (DD/MM/YYYY)

Signature of individual authorized to sign for US: _____

Person Name: _____
First Name Middle Initials Last Name

Date: _____
 (DD/MM/YYYY)

TO BE COMPLETED BY JMMB PERSONNEL ONLY

Subsidiary/Branch/Department: _____

Documents Received from Client

- Certification of Incorporation Business Name Registration Certificate Memorandum & Articles of Ass. or Articles of Incorporation
- Certificate of Registration (for Charities/Non-Profit Org. issued by Department of Cooperative & Friendly Societies)
- Company TRN Company TCC Board Resolution Letter from Ministry Of Finance
- Financial Statements Current Tax Returns Indemnity Partnership Agreement
- Form W-8BEN-E Form W-8IMY Form W-8EXP Form W-8ECI Form W9
- ID, TRN & Proof of Address for Directors, Major Shareholders & Authorized Signers

Other documents: _____

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):