

PLEASE COMPLETE IN BLOCK CAPITALS			
In addition to completing this form, kindly provide documents (based on the entity type), contained in our Client Onboarding Checklist .			
Kindly select territory where application is being completed			
<input type="checkbox"/> Jamaica (JA) <input type="checkbox"/> Trinidad & Tobago (TT) <input type="checkbox"/> 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): <input type="checkbox"/> Jamaica (JA) <input type="checkbox"/> Trinidad & Tobago (TT) <input type="checkbox"/> Dominican Republic (DR) <input type="checkbox"/> Other (specify):			
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)			
Currency:	Amount:	Frequency:	
Primary Source of Funding (How will the account be funded?):		Source of Wealth (How did you accumulate your wealth?):	
Business Income (Gross Revenue):			
Major Suppliers (where applicable):			
Staff Count (no. of employees including the owner):	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			
<input type="checkbox"/> Full Discretion - Client grants full authority without consultation <input type="checkbox"/> Partial Discretion - Clients must be contacted before execution of any trade or transaction <input type="checkbox"/> 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

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

Kindly list the name, Tax Identification Number and corporate relationship with the company, of all authorized signatories and management officers based on entity type, (including beneficial owners, directors, majority shareholders, partners, sole trader, minister of religion, settlors, grantors, governing board members etc.). Please request a supplemental form for additional persons.

Please note, if the corporate individuals listed below are not existing clients of JMMB Group, they will be required to complete a **Client Information Form – Corporate Individual** and provide Know Your Client documents (KYC) including identification, proof of address and Tax Identification number based on the regulatory requirements.

Name (first, last name)	Tax Identification Number (e.g., TRN, SSN)	Position (e.g., authorized signer, beneficial owner, director, sole trader, partner etc.)	% Shareholding (For majority shareholders only)

FX/CAMBIO TRANSACTION REQUIREMENTS

- Does the business intend to utilize JMMB Group's FX/Cambio service? No Yes (If Yes is selected, kindly complete questions 2-4 below)
- Is the business in possession of any special authorizations under the BOJ Act Section IVA pertaining to foreign exchange activities? No Yes If Yes selected, kindly provide copy of special authorization.
- What would be the purpose of the FX/Cambio service?
 - Bill payments for services rendered by overseas based parties; or for items purchased from overseas for the business' own use
 - Importation of commercial goods
 - Own account investment activities
 - Other (details to be provided as to what the activity entails)

- Based on the purpose outlined in question 3, give a general estimation of the frequency with which the business expects to be conducting these activities:
 - Daily Weekly Fortnightly Monthly Bi-monthly;
 - Quarterly Bi-yearly Annually Occasionally As the need arises

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)

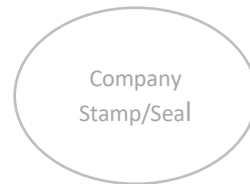
DECLARATION & CONSENT

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
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)	H	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	The United States or any of its agencies or instrumentalities	I	A common trust fund as defined in section 584(a)
C	A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities	J	A bank as defined in section 581
D	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)	K	A broker
E	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)	L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
F	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	M	A tax exempt trust under a section 403(b) plan or section 457(g) plan
G	A real estate investment trust		

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 sponsored, closely held investment vehicle | <input type="checkbox"/> <input type="checkbox"/> 501(c) 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-profit organization |
| <input type="checkbox"/> Owner-documented Foreign Financial Institution | <input type="checkbox"/> Non-Financial Foreign Entity that is publicly traded or affiliated of a publicly traded Non-Financial Foreign Entity |
| <input type="checkbox"/> Restricted distributor | <input type="checkbox"/> Excepted territory Non-Financial Foreign Entity |
| <input type="checkbox"/> Non-reporting Inter Governmental Agreement Foreign Financial Institution | <input type="checkbox"/> Active Non-Financial Foreign Entity |
| | <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 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.

B. FATCA Certification for US Entities

Under penalties of perjury, I/We certify that:

1. The Taxpayer Identification Number (TIN) provided is correct (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. entity, 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

.....
Social Security Number (SSN)

.....
Date (DD/MM/YYYY)

.....
Signature of individual authorized to sign for US Person

.....
Name

.....
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 Line 1:	
Address Line 2:	Country:



FOR INTERNAL USE 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 TIN 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, TIN (e.g. TRN/SSN) & Proof of Residential 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:	
	If High Risk Approved by:			
FOR CENTRALISE BUSINESS SUPPORT SERVICES	Inputting Officer:	Signature:	Date (dd/mm/yy):	
	Approving Officer:	Signature:	Date (dd/mm/yy):	
	Scanning Officer:	Signature:	Date (dd/mm/yy):	