

# **CLIENT INFORMATION FORM -** CORPORATE INDIVIDUAL Form # CIFCI-122023

| Thank you for your interest in joining the JMMB Group. This form is to be completed by individuals who are not already JMMB clients who have an established relationship with an entity or unincorporated association that does business with the JMMB Group, and are required to provide limited KYC information. A list of the relationships that are required to complete this form is captured on the Client Information Form - Business  |   |                             |             |   |  |  |  |  |  |
|---|---|-----------------------------|-------------|---|--|--|--|--|--|
|   | Kindly select territory where application is being completed: |                             |             |   |  |  |  |  |  |
| ☐ Jamaica ☐ ☐   | Trinidad & Tobago   | Dominican Republic          |             |   |  |  |  |  |  |
| PERSONAL INFORMATION  |   |                             |             |   |  |  |  |  |  |
| Title (Mr. Ms. Mrs. Other)  | rs. Other)   First Name   Middle Name(s)   Last Name          |                             |             |   |  |  |  |  |  |
| Alias (if applicable)   | Alias (if applicable) Tax Identification Numbe                |                             | -           | Are you a citizen/permanent resident of any other country? ☐ No ☐ Yes |  |  |  |  |  |
| Date of birth (dd/mm/yyyy)  | Nationality   | Nationality:                |             | If Yes state country:   |  |  |  |  |  |
| Place of birth:   |   |                             |             |   |  |  |  |  |  |
|   | POLITI  | CALLY 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 Ses If Yes in what capacity?  |   |                             |             |   |  |  |  |  |  |
|   |   | CONTACT INFORMATION         |             |   |  |  |  |  |  |
| Residential/Permanent Address (Proof of address required – no older than 3 months)  |   |                             |             |   |  |  |  |  |  |
| Parish/City:  | State:  | Zip Code/Sector:            | Co          | ountry:   |  |  |  |  |  |
| Mailing address (if different from residential address):  |   |                             |             |   |  |  |  |  |  |
| Parish/City:  | State:  | Zip Code/Sector:            |             | ountry:   |  |  |  |  |  |
| Telephone Numbers: Home   | Work  | Mobile (1)                  | Mobile (2)  |   |  |  |  |  |  |
| Email address (1)   |   | Email address (2)           |             |   |  |  |  |  |  |
| Preferred Method of Contac  |   | ☐ Mobile ☐ Email ☐ Wha      | tsApp   SMS |   |  |  |  |  |  |
| V   |   | DECLARATION & CONSENT       | Vifti-      |   |  |  |  |  |  |
| 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. In addition the information provided may also be shared with other companies within the JMMB Group. It is hereby agreed and accepted that JMMB Group reserves the right to collect, process and share as data for marketing and research efforts any information that is provided herein. JMMB will ensure that the necessary technical and organizational measures are in place to safeguard against any security breach before transferring any personal data. I confirm that by signing this form, I declare and acknowledge that the information given by me is correct and can be relied upon by the JMMB Group; also that I am authorizing the 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. |   |                             |             |   |  |  |  |  |  |
| Client Signature: Date dd/mm/yyyy:  |   |                             |             |   |  |  |  |  |  |
| If documents were signed outside of JMMB's Office, this section is to be completed by any of the following, Justice of the Peace, Notary Public, Bank Manager or Attorney-at-Law. I hereby certify that the signature(s) appearing on this form was/were affixed in my presence by the said person who presented satisfactory identification.  Place stamp/seal here  |   |                             |             |   |  |  |  |  |  |
| Name  | Signature   | Date: dd/mm/yyy             | <b>/</b> y  |   |  |  |  |  |  |
|   |   |                             |             |   |  |  |  |  |  |



## **CLIENT INFORMATION FORM - CORPORATE INDIVIDUAL**Form # CIFCI-122023

#### **FATCA CERTIFICATION**

### Please indicate your 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 under the section entitled 'Personal Information' on 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 under the section entitled 'Personal Information' on this form is a resident of the treaty country where they indicated tax is paid (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 the JMMB Group 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 correct (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 (Including Green Card Holders or Persons with Substantial Us Presence e.g. students)

**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             |  |  |  |  |  |
|---|--------------------------|---|---|-----------------------------|--|--|--|--|--|
| FOR INTERNAL USE ONLY   |                          |   |   |                             |  |  |  |  |  |
| Subsidia  | ry/Branch/Department:    |   |   |                             |  |  |  |  |  |
| Docume  | nts Received from Client | (kindly attach to this form)              |   |                             |  |  |  |  |  |
| <ul><li>□ Driver's licence</li><li>□ Resident/Citizenship card</li><li>□ Proof of Residential address</li></ul> |                          | ☐ Passport d ☐ Birth/Adoption Certificate | □ Passport □ National ID + Birth/Adoption Certificate □ Birth/Adoption Certificate □ Court Order □ Tax ID (or foreign equivalent) □ Decree Absolute |                             | ☐ Marriage Certificate ☐ Voluntary Declaration |  |  |  |  |
|   |                          | Receiving Agent:                          |   | Signature:                  | Date (dd/mm/yy):                               |  |  |  |  |
|   |                          | Input Agent:                              |   | Signature:                  | Date (dd/mm/yy):                               |  |  |  |  |
| For Branch Use Only   |                          | Relationship Officer:                     |   | Signature:                  | Date (dd/mm/yy):                               |  |  |  |  |
|   |                          | Risk Status  ☐ Low ☐ Medium ☐ High        |   | Connected Party: ☐ Yes ☐ No |  |  |  |  |  |
| FOR BRANCH/   |                          | If High Risk Approved by:                 |   | Signature:                  | Date (dd/mm/yy):                               |  |  |  |  |
| COMPLLIANCE   |                          |   |   |                             |  |  |  |  |  |
|   |                          | Compliance Notes:                         |   |                             |  |  |  |  |  |
| FOR CENTRALISED BUSINESS  |                          | Approving Officer:                        |   | Signature:                  | Date (dd/mm/yy):                               |  |  |  |  |
|   |                          | Scanning Officer:                         |   | Signature:                  | Date (dd/mm/yy):                               |  |  |  |  |
|   | SUPPPORT                 |   |   |                             |  |  |  |  |  |
|   | SERVICES                 |   |   |                             |  |  |  |  |  |