

Thank you for your interest in joining the JMMB Group. Certain information will need to be provided. Please see the Client Requirements Checklist for requirements for each territory.			
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)			Universal Client Number
PERSONAL INFORMATION			
Title (Mr. Ms. Mrs. Other)	First Name	Middle Name(s)	Last Name
Alias (If applicable)	Mother's Maiden Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Date of Birth (dd/mm/yyyy)	Country of Birth (Nationality)	Country of Citizenship	Country where tax is paid (tax residence)
Are you a National of any other Country? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes state: _____	Are you a citizen/permanent resident of any other country? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes state country: _____ State TIN: _____	Is Tax paid in any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No No If Yes state: _____ State TIN: _____	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes in what capacity? * including common-law _____			
Are you acting as a trustee for another in relation to the business relationship or one-off transaction concerned? <input type="checkbox"/> No <input type="checkbox"/> Yes			
CONTACT INFORMATION			
Residential/Permanent Address (Proof of address required – no older than 3 months)			
Parish/City:	State:	Zip Code/Sector:	Country:
How long have you been living at this address? <i>If less than 10 years please indicate previous address below.</i> <input type="checkbox"/> More than 10 years <input type="checkbox"/> Less than 10 years			
Previous address:			
Parish/City:	State:	Zip Code/Sector:	Country:
Mailing address if different from residential address:			
Parish/City:	State:	Zip Code/Sector:	Country:
Telephone Numbers: Home:		Work:	Mobile (1): Mobile (2):
Email address (1)		Email address (2)	
Preferred Method of Contact: Call: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> WhatsApp <input type="checkbox"/> SMS			
EMPLOYMENT INFORMATION			
Primary Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Minor			
Industry/Sector:		Occupation/Profession:	Start Date:
Employer's Name (Business name if self-employed):			
Employer's Address:			
Parish/City:	State:	Zip Code/Sector:	Country:
CONTACT PERSON INFORMATION			
Name		Address	
Relationship	Contact Numbers	Email address	

- (iv) requests for, and legal documents effecting, hypothecations and guarantees;
- (v) legal documents effecting JMMB Bank loan contracts; and
- (vi) Jamaica Central Securities Depository (JCSD) Pledge Forms;

8. 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;
9. to be jointly and individually liable under this authority and indemnity in respect of any and all joint Accounts;
10. 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;
11. 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;
12. that this authorization will operate to terminate and supersede all previous authorities that I gave to JMMB Group to accept instructions on an account by way of fax or e-mail or by oral communications;
13. 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, or potentially 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;
14. 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;
15. 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. 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: _____

2. 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, unless otherwise permitted by JMMB Group.**

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. 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.

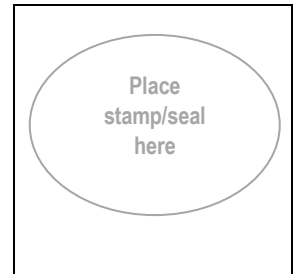
I confirm that by signing this form, I declare and acknowledge that the information given by me is correct and can be relied upon by the JMMB Group; also that I am authorizing the JMMB Group to take such steps as it may deem necessary to verify any of the information provided by me. I have read this form before signing and am aware of the obligations contained herein.

Client's 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.



Name	Signature	Date dd/mm/yyyy

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

Subsidiary/Branch/Department: _____

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/Adoption Certificate | <input type="checkbox"/> Marriage 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"/> Tax ID (or foreign equivalent)* | <input type="checkbox"/> Notarized Picture + Birth Certificate (Minors only) | <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 | | |

*Provide all Tax IDs

FOR BRANCH USE ONLY	Receiving Agent:	Signature:	Date (dd/mm/yy):
	Input Agent:	Signature:	Date (dd/mm/yy):
	Relationship Officer:		
	Risk Status: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Connected Party: <input type="checkbox"/> Yes <input type="checkbox"/> No	
FOR BRANCH/ COMPLIANCE	If High Risk Approved by:	Signature:	Date (dd/mm/yy):
	Compliance Notes:		
FOR CENTRALISED BUSINESS SUPPORT SERVICES	Input Officer:	Signature:	Date (dd/mm/yy):
	Approving Officer:	Signature:	Date (dd/mm/yy):
	Scanning Officer:	Signature:	Date (dd/mm/yy):