

**Universal Client Number Assigned:** \_\_\_\_\_

**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 MANAGEMENT OFFICERS**

Kindly list the name, Tax Identification Number and corporate relationship with the company of any additional 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 also submit the relevant company documents to support this change along with an updated Board resolution.

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** so that we can get further Know Your Client (KYC) information 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)

**UPDATE TO BUSINESS INFORMATION**

**UPDATE TO NAME OF BUSINESS:**

\_\_\_\_\_

**UPDATE TO REGISTERED BUSINESS ADDRESS:**

\_\_\_\_\_

**UPDATE TO NATURE OF BUSINESS:**

\_\_\_\_\_

- AUTHORIZED SIGNATORIES** - (Kindly submit a copy of the Resolution indicating new authorized signers. New clients MUST complete the Client Information Form – Corporate Individual, submit 1 valid ID, TIN and proof of their residential address. Existing clients whose profiles need to be updated must complete Client Information Update Form-Individual and provide updated documents where necessary.)

	NAME(S) <i>(enter title, first, middle &amp; last name)</i>	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: _____		

**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, etc.): \_\_\_\_\_

Business Income (Gross Revenue): \_\_\_\_\_ Purpose of the Account: \_\_\_\_\_

Main Source(s) of Funds (How will the account be funded?): \_\_\_\_\_

Source(s) of Wealth (How did you accumulate your wealth?): \_\_\_\_\_

Staff Count (No. of employees including owner): \_\_\_\_\_

**BANKERS**

<input type="checkbox"/> Principal Banker	<input type="checkbox"/> Secondary Banker
Full Name: _____	Full Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____

**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.

**☐ UPDATE TO CAMBIO TRANSACTION REQUIREMENTS**

1. Does the business intend to utilize JMMB Group's Cambio service?  No  Yes

(If Yes is selected, kindly complete questions 2-4 below and provide JMMB with a copy of the business' Annual Report/Financial Statements for the last financial year.)

2. 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)

3. What would be the purpose of the 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)

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4. 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

**☐ 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: \_\_\_\_\_ Date: \_\_\_\_\_



**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

**FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) STATUS**

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.

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

Certificate of Incorporation	Business Name Registration Certificate	Memorandum & Articles of Association
Certificate of Registration (for charities/non profits)	Partnership Agreement	Board Resolution
Company TIN	Company TCC	Letter from Ministry of Finance
Financial Statements	Current Tax Returns	Group Indemnity
Form W-8 BEN	Form W-8 BEN E	Form W9
Form W-8 ECI	Form W-8 EXP	Form W-8 IMY

<b>FOR BRANCH USE ONLY</b>	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:
<b>FOR BRANCH SUPPORT UNIT</b>	Input Officer:	Signature:	Date (dd/mm/yy):
	Approving Officer:	Signature:	Date (dd/mm/yy):
	Scanning Officer:	Signature:	Date (dd/mm/yy):