



DIGITAL SERVICES REQUEST FORM

Form DSR-042018

Select one of the following: New Amend

UCIN (For internal use):

PERSONAL INFORMATION

First Name:	Middle Name:	Last Name:
Date of Birth (dd/mm/yyyy):		Email Address:

ACCOUNT INFORMATION

(Complete Sections A, B, or C as applicable)
 ETM Facilities are only accessible by clients of JMMB Investment & ABM Facilities are accessible only by clients of JMMB Bank (Jamaica) Ltd.

A. New ETM, ABM Card/Moneyline Access

Account Number	Name(s) on Account	Account Type (for bank clients only)		Service Required			Type of Moneyline Access	
		Current	Savings	ETM	ABM <small>(limited to 2 accounts; 1 savings 1 current a/c)</small>	Moneyline	View Only	Full Access
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New Card Number:	Debit Card Application Number: (For Internal Use)
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Daily Limit Request other than Default Limits (ETM J\$30,000/ABM J\$30,000/POS J\$80,000)

ETM J\$ _____ ABM J\$ _____ Point Of Sale (POS) J\$ _____

Maximum limit for ETM without approval is J\$50,000 Maximum limit for ABM J\$50,000/ POS J\$99,999

B. Moneyline Update

Reset Password Reset PIN Reset Security Questions

Change User Name New user Name: _____

Other, provide further details: _____

C. ETM/ABM Card Replacement or Change Request (Request limited to 1 card per form, ABM changes must be completed at JMMB Bank locations)

REQUEST TYPE	DETAILS	
<input type="checkbox"/> Hold/Hot Card <input type="checkbox"/> Cancel Card	Kindly state reason for hold/hot or cancel request <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Other - Kindly specify	Card No. for hold/hot/cancel cards (for internal use)

REQUEST TYPE	DETAILS		
<input type="checkbox"/> Remove Hold on Card	State reason for removal of hold		
<input type="checkbox"/> Reset Pin Count			
<input type="checkbox"/> Change Card Limit	New Limit requested J\$ (Authorisation required for a limit greater than J\$50,000- Investment Clients only)		
<input type="checkbox"/> Add Accounts to Card <input type="checkbox"/> Remove accounts from cards	Indicate Account/s to be added or removed		
Declaration			
<p>I, the undersigned applicant, acknowledge and agree that:</p> <ol style="list-style-type: none"> 1. The information given by me is correct and JMMB, JMMB Bank and all other subsidiaries and affiliates of JMMB Group Ltd. (collectively, the JMMB Group) are entities to rely on it. 2. I have read, understood and agreed to the Terms and Conditions of the JMMB Electronic Transaction Machine Agreement where I have selected those services in this form. 3. I have read, understood and agreed to the Terms and Conditions of the JMMB Moneyline Agreement where I have selected those services in this form 4. I have read, understood and agreed to the General Terms and Conditions of JMMB Bank where I have selected those services in this form 5. I acknowledge and agree that the terms and conditions mentioned above at items 2-4 may change from time to time at the discretion of The JMMB Group. I will be deemed to be aware of and agree to those terms and conditions, as amended, by my continued use of the service. The terms and conditions that are in effect will be available at www.jmmb.com 6. I hereby authorise The JMMB Group to take such steps as it may consider necessary or useful to verify any of the information provided by me. 			
Client Signature		Date (dd/mm/yyyy)	
<p>Notarization: To be completed by a Justice of the Peace or Notary Public if signed outside the presence of a JMMB Agent. I hereby certify that the signature appearing on this form was affixed in my presence by the said person who presented satisfactory identification.</p>			
Name:	Signature	Date (dd/mm/yyyy)	Stamp/Seal
Address:		Telephone No.:	
FOR INTERNAL USE ONLY			
Card Issuing Officer/Moneyline Sign-up Agent:	Signature:	Date (dd/mm/yyyy):	
Card Pinning Officer:	Signature:	Date (dd/mm/yyyy):	
Authoriser:	Signature:	Date (dd/mm/yyyy):	