Account Opening Form
Individual

Form AOI-092018

ACCOUNT HOLDER INFORMATION (Account holders and signing mandate must be the same for each account opened)	For Official Use Only	
	UCIN	Client Number
Name of Account Holder:		
Name of Account Holder:		
Name of Account Holder:		

Mailing Address (if different from permanent address):

Please tick only ONE of the following for statement mailing instructions:
☐ Online ☐ Regular Mail ☐ Email (not available to current account clients with cheques)

SIGNING INSTRUCTIONS - Please select ONE of the following:

☐ Any One ☐ Any Two ☐ All to Sign
☐ Other (provide further details)

ACCOUNT INFORMATION

ACCOUNT 1

Select one of the following Account Type:
☐ Bonus Saver Savings Account ☐ EzAccess Current Account ☐ Certificate of Deposit
☐ JMMB Advantage (Certificate of Deposit – Interest paid in advance)
☐ Foreign "A" Account (available only for non-residents)

Currency
☐ JAD ☐ USD ☐ CAD ☐ GBP ☐ Euro

For Current Accounts Only
Cheque Books Required (available only in JAD): ☐ Yes | No
(100 leaves provided per order)
Details on Cheque Leaves: ☐ Home Address ☐ Mailing Address ☐ No Address
☐ Telephone Number (kindly specify):

ELECTRONIC SERVICE REQUESTS

Unless a Client specifies otherwise, (s)he agrees that, provided (s)he has an eligible account, (s)he will be issued with a debit card and given access to JMMB's online facility Moneyline, which will be linked to all eligible accounts now or in the future held by the Client at JMMB.

Only complete the section below if any of the following apply: (i) the email address for Moneyline notices is different from the email address on file, (ii) you want 'view only' access to Moneyline and not the ability to conduct transactions, or (iii) you require a daily limit for the card that is different from the default limit of $30,000 at ABM (maximum $50,000) and $99,999 at Point-of-Sale (POS).

Account Holders Name	Moneyline		Debit Cards	For Official Use Only
	Email address For Online Notifications	View Only	*Preferred Daily Limit	Card Number

SOURCE OF FUNDS AND PROJECTED LEVEL OF ACTIVITY

Purpose of Account:	Source of Funding:
Expected Monthly Deposits:	Expected Monthly Withdrawals:

For Official Use Only

Account Number:

ACCOUNT INFORMATION

ACCOUNT 2

Select one of the following Account Type:

☐ Savings Account ☐ Current Account ☐ Certificate of Deposit

☐ Foreign "A" Account (available only in USD for non-residents)

Currency

☐ JAD ☐ USD ☐ CAD ☐ GBP ☐ Euro

For Current Accounts Only

Cheque Books Required (available only in JAD): ☐ Yes No

(100 leaves provided per order)

Details on Cheque Leaves: ☐ Home Address ☐ Mailing Address ☐ No Address

☐ Telephone Number (kindly specify):

ELECTRONIC SERVICE REQUESTS

Unless a Client specifies otherwise, (s)he agrees that, provided (s)he has an eligible account, (s)he will be issued with a debit card and given access to JMMB's online facility Moneyline, which will be linked to all eligible accounts now or in the future held by the Client at JMMB.

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Account Holders Name	Moneyline		Debit Cards	For Official Use Only
	Email address For Online Notifications	View Only	*Preferred Daily Limit	Card Number

SOURCE OF FUNDS AND PROJECTED LEVEL OF ACTIVITY

Purpose of Account:	Source of Funding:
Expected Monthly Deposits:	Expected Monthly Withdrawals:

For Official Use Only

Account Number:

ACCOUNT INFORMATION

ACCOUNT 3

Select one of the following Account Type:

☐ Bonus Saver Savings Account ☐ EzAccess Current Account Certificate of Deposit
JMMB Advantage (Certificate of Deposit – Interest paid in advance)
Foreign "A" Account (available only for non-residents)

Currency

☐ JAD ☐ USD ☐ CAD ☐ GBP ☐ Euro

For Current Accounts Only

Cheque Books Required (available only in JAD): ☐ Yes No
(100 leaves provided per order)
Details on Cheque Leaves: ☐ Home Address ☐ Mailing Address ☐ No Address
☐ Telephone Number (kindly specify):

ELECTRONIC SERVICE REQUESTS

Unless a Client specifies otherwise, (s)he agrees that, provided (s)he has an eligible account, (s)he will be issued with a debit card and given access to JMMB's online facility Moneyline, which will be linked to all eligible accounts now or in the future held by the Client at JMMB.

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Account Holders Name	Moneyline		Debit Cards	For Official Use Only
	Email address For Online Notifications	View Only	*Preferred Daily Limit	Card Number

SOURCE OF FUNDS AND PROJECTED LEVEL OF ACTIVITY

Purpose of Account:	Source of Funding:
Expected Monthly Deposits:	Expected Monthly Withdrawals:

For Official Use Only

Account Number:

DECLARATION

I/We hereby request that JMMB Bank Jamaica Limited ("the Bank) open the account(s) specified above in my/our names. I/We understand that the information provided herein is the basis for opening such account(s) and I/we warrant that such information is accurate in all respects. In consideration of the Bank opening the said accounts, I/We agree to provide any documents and further information requested by the Bank on the opening of the account(s) or from time to time thereafter and to abide by the Bank's requirements and all laws and regulations concerning the said account(s). I/We confirm that the Terms and Conditions governing the operation of the account(s) hereby requested to be opened, have been made available to me/us and I/we have read, understood and agree to be bound by such Terms and Conditions as amended from time to time. I/we agree to indemnify and hold the Bank, its employees, directors and its affiliated companies harmless in respect of any loss I/we may suffer as a result of my/our failure to comply with the aforementioned Terms and Conditions. I/we further agree that the Bank shall be entitled to close my account forthwith if it deems the information provided herein to be insufficient or inaccurate, in the event of any breach of the aforementioned Terms and Conditions or any laws with respect to the said account(s) or for any other lawful reason whatsoever.

Account Holder's Name:	Account Holder's Name:

Signatures must fit within the Signature Box

Account Holder's Name:

Signatures must fit within the Signature Box

_____ _____ _____

Witnessed by: Signature Date (dd/mm/yyyy)

FOR BRANCH USE ONLY	Input Officer:	Signature	Date (dd/mm/yy):
	Card Issuing Officer:	Signature:	Date (dd/mm/yy):
	Card Pinning Officer:	Signature:	Date (dd/mm/yy):
FOR BRANCH SUPPORT UNIT	Scanned by:	Signature:	Date (dd/mm/yy):
	Authorised by:	Signature:	Date (dd/mm/yy):