

Account Opening Form Business

Form AOB-082017

Select one of the following:

□ Limited Liability Company □ Partnerships □ Unincorporated Associations (Clubs/Societies) □ Registered Associations □ Sole Traders □ Charities □ Statutory Bodies/Government □ Other (please state)						
	ACCOUNT INFORMATION					
ACCOUNT 1	Name of Account:		UCIN (For Official Use Only)			
	Mailing Address (if different from registered address):		CIF			
	Select one of the following Account Types: Savings Account Current Account (available only in JAD) 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: 200 400 600 Details on Cheque Leaves: Address Mailing Address No Address Telephone Number (kindly specify):					
	Indemnity Required: ☐ Fax ☐ Email ☐ Verbal Email Address:	Internet Banking Access Required:	☐ Yes ☐ No			
	Purpose of Account:	Source of Funding:				
	Expected Monthly Deposits:	Expected Monthly Withdrawals:				
	Account Number (for Official Use Only):					
	Name of Account:		UCIN (For Official Use Only)			
	Mailing Address (if different from registered address):		CIF			
	Select One of the Following Account Type:					
ACCOUNT 2	☐ Savings Account ☐ Current Account (available only in JAD) ☐ 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:					
	Indemnity Required (Complete in conjunction with mandate instructions): ☐ Email ☐ Fax ☐ Verbal	Internet Banking Access Required	I: □ Yes □ No			
	Purpose of Account:	Source of Funding:				
	Expected Monthly Deposits:	Expected Monthly Withdrawals:				
	Account Number (for Official Lice Only):					

	ACCOUNT INFORMATION					
	Name of Account:		UCIN (For Official Use Only)			
	Mailing Address (if different from registered address):		CIF			
	Select one of the following Account Types:					
	☐ Savings Account ☐ Current Account (available only in JAD) ☐ Certificate of Deposit ☐ Foreign "A" Account (available only in USD for non-residents)					
UNT 3	Currency □ JAD □ USD □ CAD □ GBP □ Euro					
	For Current Accounts Only					
ACCOUNT	Cheque Books Required: ☐ 200 ☐ 400 ☐ 600 Details on Cheque Leaves: ☐ Address ☐ Mailing Address ☐ No Address					
	☐ Telephone Number (kindly specify)					
	Indemnity Required (Complete in conjunction with mandate instructions): ☐ Email ☐ Fax ☐ Verbal	Internet Banking Access Requ	ired: 🗆 Yes 🗆 No			
	Purpose of Account:	Source of Funding:				
	Expected Monthly Deposits:	Expected Monthly Withdrawa	lls:			
	Account Number (for Official Use Only):					

DECLARATION

We hereby request that JMMB Bank (Jamaica) Limited ('the Bank") open the account(s) specified above. We understand that the information provided herein is the basis for opening such account(s) and warrant that such information is accurate in all respects. In consideration of the Bank opening the said accounts, we agree to provide any documents and further information request 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). We confirm that the Terms and Conditions governing the operation of the account(s) hereby request to be opened, have been made available to us and we have read, understood and agree to be bound by such Terms and Conditions as amended from time. We agree to indemnify and hold the Bank and its subsidiaries harmless in respect of any loss 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.

Name:	Job Title:	Signature	Date (dd/mm/yyyy)
Name:	Job Title:	Signature	Date (dd/mm/yyyy)
Name:	Job Title:	Signature	Date (dd/mm/yyyy)
Name:	Job Title:	Signature	Date (dd/mm/yyyy)
Witnessed by:		2	Date (dd/mm/yyyy)
	SPI	ECIMEN SIGNATURES	
Signing Authority:	Any One to sign ☐ Any Two	to sign Other (Specify)	
	Any One to sign Any Two		
			T WITHIN THE SIGNATURE BOX
Name of Account:			
Name of Account:			

SPI	ECIMEN SIGNATURES
Signing Authority: ☐ Any One to Sign ☐ Any Two Name of Account:	to Sign □ Other (Specify)
	SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX
Name of Signee:	
Job Title:	
Signing Limitations:	
Signer's Designation: □ A □ B	
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Name of Signee:	
Job Title:	
Signing Limitations:	
Signer's Designation: □ A □ B	
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Signer's Designation: □ A □ B	
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Name of Signee:	
Job Title:	
Signing Limitations:	
Signer's Designation: □ A □ B	
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		SIGNATURE MUST FIT WITHIN THE S	SIGNATURE BOX
Name of S	ignee:		
Job Title:			
Signing Li	mitations:		
Signer's D	esignation: A B		
		SIGNATURE MUST FIT WITHIN TH	IE SIGNATURE BOX
Name of S	ignee:		
Job Title:			
Signing Li	mitations:		
Signer's D	esignation: A B		
		SIGNATURE MUST FIT WITHIN THI	E SIGNATURE BOX
Name of S	ignee:		
Job Title:			
Signing Li	mitations:		
Signer's D	esignation: A B		
Documents	will be examined to confirm or determine th	e persons authorized to sign on behalf of the	company/entity.
FOR USE	BY COMPANIES	FOR PARTNERSHIP/ASSOCIAT UNINCORPORTED ENTITIES	TIONS/CLUBS/
Directo	r's Signature		
		Authorised Signer	
Secreta	ry's Signature		
Date (d	d/mm/yyyy):	Authorised Signer Date (dd/mm/yyyy):	
	Entared by	Authorized by	Date (dd/mm/ssss):
For Official	Entered by:	Authorised by:	Date (dd/mm/yyyy):
Use Only	Scanned by:	Authorised by:	Date (dd/mm/yyyy):