



**SUPPLEMENTAL COMPANY RELATIONSHIP SHEET**

Kindly use this sheet to more data on additional company principal shareholders, directors or signatories.

**Principal Shareholders** - (This refers to the principal owners or major shareholders of the business i.e. those holding 10% or more). Principal Shareholders are to provide a valid government issued identification, TRN & proof of residential address.

**Principal Shareholder 3**

**Full Name** .....

**Residential Address** .....

.....

**Telephone No.** .....

**Title/Position** .....

**Email Address** .....

**Is a US person?**  Yes  No

If Yes state US affiliation .....

**Principal Shareholder 4**

**Full Name** .....

**Residential Address** .....

.....

**Telephone No.** .....

**Title/Position** .....

**Email Address** .....

**Is a US person?**  Yes  No

If Yes state US affiliation .....

**Directors** - (List Directors; each Director MUST submit 1 ID, TRN and Proof of Residential Address)

	<b>Full Name</b> <i>(Title, First, Middle, Last Name)</i>	<b>Residential Address</b> <i>(proof of address must be submitted)</i>	<b>Telephone Number</b>	<b>Signature</b>
1.				
2.				
3.				
4.				

**Authorized Signers**- (List Authorized Signers; each signer MUST submit 1 ID, TRN and Proof of Residential Address)

	<b>Full Name</b> <i>(Title, First, Middle, Last Name)</i>	<b>Residential Address</b> <i>(proof of address must be submitted)</i>	<b>Telephone Number</b>	<b>Signature</b>
1.				
2.				
3.				
4.				



**DECLARATION & CONSENT**

I/We confirm that by signing this form, I/we declare and acknowledge that the information given by me/us is, to the best of my/our knowledge, correct and will be relied upon by the JMMB Group; also that I/we are authorizing the JMMB Group 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.

Name..... Name.....  
Signature..... Signature.....  
Date..... Date.....

Affix Company  
Stamp/Seal here

**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 .....  
Address .....  
Parish/City..... State..... Zip Code..... Country.....

Place  
Stamp/Seal here