

# CLIENT INFORMATION FORM

BUSINESS BCIF-012022

To become a client of the JMMB Group the following information is required from Directors and Authorized Signers:         1.       One (1) valid identification (Driver's License or Passport or National ID/Resident/Citizenship Card + Birth/Adoption Certificate);         2.       Tax Registration Number (Jamaica & Dominica Republic only) or Foreign Equivalent,         3.       Proof of Residential Address (Must have the Director or Authorized signer's name and residential address on it and must not be older than 3 months)								
Kindly select territory where application is being completed □ Jamaica (JA) □ Trinidad & Tobago (TT) □ Dominican Republic (DR)								
BUSINESS INFORMATION								
Registered Name:	(Complete where applicable) Registered Name:							
Description of Business:								
Date of Incorporation (dd/mm/yyyy):			Country of Incorporat	tion:				
Industry/Sector:								
Primary Trade Area(s):  □ Jamaica (JA) □	Trinidad & Toba	go (TT) 🛛	Dominican Republic (DF	R) 🗆 Other (	(specify):			
Primary Source of Funding (How did you get this money?)								
Address of Registered Office:								
Parish/City:     State:     Zip Code/Sector:     Country:								
Tel. No. 1:	Tel. No. 2:			Fax:	•			
Website:	·		Email:					
Mailing Address (if different from Registered Offic	e):							
Parish/City:	State:		Zip Code/Sector:		Country:			
Primary Contact Person:	Position:			Tel. No.				
Secondary Contact Person:	Position:		Tel. No.					
ľ	COME DETAIL	S & PROJE	CTED LEVEL OF ACTIV	/ITY				
What is the maximum projected level of activit (e.g. between \$100,000 - \$200,000)	y within a year?							
Expected transaction amounts and frequency (e.g. \$10,000 per month)								
Business Income (Gross Revenue):	Source of Wealth: (How did you get this money/ wealth?)							
Major Suppliers (where applicable):								
Staff Count (no. of employees including the owner): Purpose of the Accounts:								
BANKERS								
Name of Principal Banker:     Name of Secondary Banker:								
Address: Address:								
Tel. No.: Tel. No.: Tel. No.: Tel. No.:				Tel. No.:				
<b>Full Discretion</b> - Client grants full authority without consultation <b>Partial Discretion</b> - Clients must be contacted before execution of any trade or transaction <b>Custody</b> - No discretion to trade. Assets are for safekeeping and reporting only								

RISK APPETITE						
Conservative (Low Risk)	🗌 Mediu	m (Medium Risk)	Aggressive (High Risk)			
CORPORATE RELATIONSHIP INFORMATION						
& adopted child, parents, siblings, member of any House of Parliamen above the rank of Assistant Commis agency/ statutory body, official of ar Please provide specific details in the	child's spouse nt, Minister of ( ssioner, Perman ny political party e respective se s to the principal o	e*) or their close bus Government, membe nent Secretary or Chi / &/or director or CEC ection below. wners or major sharehold	siness as of the j ef Techn of any c ers of the l	ssociates, a current or form iudiciary, military official abo ical Director in charge of a G company owned by your cou business i.e. those holding 10% or	liate family members (spouse*, child, ste ner Head of State, Head of Governmen ove the rank of Captain, member of polic Government department/ministry/executiv ntry of residence or a foreign government more). Principal Shareholders are to provide a vali	
Principal Shareholder 1				oal Shareholder 2		
Full Name:			Full Na			
Residential Address:			Reside	ntial Address:		
Tel. No.:			Tel. No.:			
Title/Position:			Title/Position:			
Email Address:			Email Address:			
Is a US Person?  Yes No If Yes state US affiliation PEP?  Yes No If yes capacity:			Is a US Person?  Yes No If Yes state US affiliation PEP?  Yes No If yes capacity:			
Directors_						
<b>Full Name</b> (Title, First, Middle, Last Name)		sidential Address Address must be submitte	d)	Telephone Number	PEP? (If yes, state capacity)	
Authorised Signers						
Full Name (Title, First, Middle, Last Name)			Signat	ure	PEP? (If yes, state capacity)	

Is the company:

a. Acting as a trustee for another in relation to the business relationship or one-off transaction concerned?b. One with nominee shareholders, or shares held in bearer form?

eard about us v		□Branch Effort □Friend □Team Member □Other (Please spec	□Internet □Television		□Client Care Centre □Radio □ Cli	□Financial Advisor ent Education Workshop
			DECLARA	TION & CONSENT		
			operations, risk and to b dividuals who are legally		nformation may also be used mation.	d to satisfy valid information
lied upon by the	JMMB Group;	also that I/we are au		up to take such steps	as it may deem necessary to	Ir knowledge, correct and will be verify any of the information
Name		Position		Signature		
						Company Stamp/Seal
Date (dd/mm/yy	уу):					
			FATCA	INFORMATION		
re you a disre isregarded Enti separate from it	<b>garded entit</b> ty is an entity w ts owner for liab	bility purposes.	Tax purposes? ich is not registered as a	☐ Yes corporation. The ent	□ No ity elects not to be separate a	from its owner for tax purposes t
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#### Kindly indicate your Chapter 4 Status (FATCA status)

- Nonparticipating Foreign Financial Institution (including a limited Foreign Financial Institution or limited branch)
- Participating Foreign Financial Institution
- □ Reporting Model 1 Foreign Financial Institution
- Participating Foreign Financial Institution in a Model 2 Inter Governmental Agreement jurisdiction
- Registered deemed-compliant Foreign Financial Institution (other)
- Sponsored Foreign Financial Institution that has not obtained a Global Intermediary Identification Number (only for payments made prior to January 1, 2016)
- Certified deemed-compliant non-registering local bank
- Certified deemed-compliant sponsored, closely held investment vehicle
- □ Certified deemed-compliant limited life debt investment company (only for payments made prior to January 1, 2017)
- Owner-documented Foreign Financial Institution
- □ Restricted distributor
- □ Non-reporting Inter Governmental Agreement Foreign Financial Institution

#### Please indicate your US Status by signing at A or B below:

## A. FATCA Certification for Non-US Entities

Under penalties of perjury, I/We 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/We further certify under penalties of perjury that:

- 1. The person(s) identified on the line entitled Registered 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 Name is not a US person.
- 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/We 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 named entity on the line entitled Registered Name is the beneficial owner.

I/We agree that I will advise JMMB Group 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 in	dentified on the line entitled Registered Company	Name of this form.

- International organization
- Exempt Retirement funds
- Entity wholly owned by exempt beneficial owners
- Territory financial institution
- Excepted nonfinancial group entity
- Excepted nonfinancial start-up company
- Excepted nonfinancial entity in liquidation or bankruptcy
  - □ 501(c) organization
- Non-profit organization
- Non-Financial Foreign Entity that is publicly traded or affiliated of a publicly traded Non-Financial Foreign Entity
- Excepted territory Non-Financial Foreign Entity
- Active Non-Financial Foreign Entity
- Passive Non-Financial Foreign Entity

## B. FATCA Certification for US Entities

Under penalties of perjury, I/We certify that:

- 1. The Taxpayer Identification Number (TIN) provided is correct (or we are waiting for a number to be issued to us), and
- 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. entity , 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	Social Security Number (SSN)	Date (DD/MM/YYYY)
Signature of individual authorized to sign for US Person	Name	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				
						Place Stamp/Seal here
Address Line 1:						
			O construir			
Address Line 2:			Country:			
		FOR INTERN	IAL USE ONLY	1		
Subsidiary/Bran Documents Rec	ch/Department					
		rofit Õrg. issued by Dep □Board Res	artment of Coop olution	perative & Fri □ Letter fro		
□ Form W-8BEN □ ID, TRN & Pro		Form W-8 ectors, Major Sharehold	EXP	Form W-		□ Form W9
	Receiving Agent:	Signature	:			Date (dd/mm/yy):
FOR BRANCH USE ONLY	Input Agent:	Signature	:			Date (dd/mm/yy):
	Risk Status:	Connecte	,		Relationship Office	er:
	If High Risk Approved by:					
FOR CENTRALISE	Inputting Officer:	Signature	:			Date (dd/mm/yy)
BUSINESS SUPPORT	Approving Officer:	Signature	:			Date (dd/mm/yy):
SERVICES	Scanning Officer:	Signature	:			Date (dd/mm/yy):