

PLEASE COMPLETE IN BLOCK CAPITALS			
In addition to completing this form, kindly provide documents (based on the entity type), contained in our Client Onboarding Checklist .			
Kindly select territory where application is being completed			
<input type="checkbox"/> Jamaica (JA) <input type="checkbox"/> Trinidad & Tobago (TT) <input type="checkbox"/> Dominican Republic (DR)			
BUSINESS INFORMATION (Complete where applicable)			
Registered Name:			
Description of Business:			
Date of Incorporation (dd/mm/yyyy):		Country of Incorporation:	
Industry/Sector:		Tax Compliance No./Tax Identification No.:	
Primary Trade Area(s): <input type="checkbox"/> Jamaica (JA) <input type="checkbox"/> Trinidad & Tobago (TT) <input type="checkbox"/> Dominican Republic (DR) <input type="checkbox"/> Other (specify):			
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 Office):			
Parish/City:	State:	Zip Code/Sector:	Country:
Primary Contact Person:	Position:	Tel. No.	
Secondary Contact Person:	Position:	Tel. No.	
INCOME DETAILS & PROJECTED LEVEL OF ACTIVITY			
What is the maximum projected level of activity within a year? (e.g. between \$100,000 - \$200,000)			
Expected transaction amounts and frequency (e.g. \$10,000 per month)			
Currency:	Amount:	Frequency:	
Primary Source of Funding (How will the account be funded?):		Source of Wealth (How did you accumulate your wealth?):	
Business Income (Gross Revenue):			
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.:
LEVEL OF AUTHORITY TO MANAGE PORTFOLIO			
<input type="checkbox"/> Full Discretion - Client grants full authority without consultation <input type="checkbox"/> Partial Discretion - Clients must be contacted before execution of any trade or transaction <input type="checkbox"/> Custody - No discretion to trade. Assets are for safekeeping and reporting only			

RISK APPETITE

☐ **Conservative (Low Risk)**
☐ **Medium (Medium Risk)**
☐ **Aggressive (High Risk)**

CORPORATE RELATIONSHIP INFORMATION

Is the company:

- a. Acting as a trustee for another in relation to the business relationship or one-off transaction concerned? ☐ Yes ☐ No
b. One with nominee shareholders, or shares held in bearer form? ☐ Yes ☐ No

Kindly list the name, Tax Identification Number and corporate relationship with the company, of all authorized signatories and management officers based on entity type, (including beneficial owners, directors, majority shareholders, partners, sole trader, minister of religion, settlors, grantors, governing board members etc.). Please request a supplemental form for additional persons.

Please note, if the corporate individuals listed below are not existing clients of JMMB Group, they will be required to complete a **Client Information Form – Corporate Individual** and provide Know Your Client documents (KYC) including identification, proof of address and Tax Identification number based on the regulatory requirements.

Name (first, last name)	Tax Identification Number (e.g., TRN, SSN)	Position (e.g., authorized signer, beneficial owner, director, sole trader, partner etc.)	% Shareholding (For majority shareholders only)

FX/CAMBIO TRANSACTION REQUIREMENTS

1. Does the business intend to utilize JMMB Group's FX/Cambio service? ☐ No ☐ Yes (If Yes is selected, kindly complete questions 2-4 below)

2. Is the business in possession of any special authorizations under the BOJ Act Section IVA pertaining to foreign exchange activities?
☐ No ☐ Yes If Yes selected, kindly provide copy of special authorization.

3. What would be the purpose of the FX/Cambio service?

- ☐ Bill payments for services rendered by overseas based parties; or for items purchased from overseas for the business' own use
☐ Importation of commercial goods
☐ Own account investment activities
☐ Other (details to be provided as to what the activity entails)

4. Based on the purpose outlined in question 3, give a general estimation of the frequency with which the business expects to be conducting these activities:

- ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Bi-monthly;
☐ Quarterly ☐ Bi-yearly ☐ Annually ☐ Occasionally ☐ As the need arises

ADDITIONAL INFORMATION

Heard about us via:

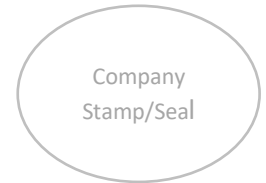
<input type="checkbox"/> Branch Effort	<input type="checkbox"/> Campaign	<input type="checkbox"/> Client	<input type="checkbox"/> Client Care Centre	<input type="checkbox"/> Financial Advisor
<input type="checkbox"/> Friend	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Client Education Workshop
<input type="checkbox"/> Team Member	<input type="checkbox"/> Television			
<input type="checkbox"/> Other (Please specify)				

DECLARATION & CONSENT

Your financial information is used to help us manage operations, risk and to better serve you. Your information may also be used to satisfy valid information requests from regulators and other organizations or individuals who are legally entitled to such information.

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	Position	Signature
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
Address Line 1:	
Address Line 2:	Country:



FOR INTERNAL USE ONLY

Subsidiary/Branch/Department
Documents Received from Client

- ☐ Certification of Incorporation
 ☐ Business Name Registration Certificate
 ☐ Memorandum & Articles of Ass. or Articles of Incorporation
☐ Certificate of Registration (for Charities/Non-Profit Org. issued by Department of Cooperative & Friendly Societies)
☐ Company TIN
 ☐ Company TCC
 ☐ Board Resolution
 ☐ Letter from Ministry Of Finance
☐ Financial Statements
 ☐ Current Tax Returns
 ☐ Indemnity
 ☐ Partnership Agreement
☐ ID, TIN (e.g. TRN/SSN) & Proof of Residential Address for Directors, Major Shareholders & Authorized Signers
☐ Other documents

FOR BRANCH USE ONLY	Receiving Agent:	Signature:	Date (dd/mm/yy):
	Input Agent:	Signature:	Date (dd/mm/yy):
	Risk Status: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Connected Party: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship Officer:
	If High Risk Approved by:		
FOR CENTRALISE BUSINESS SUPPORT SERVICES	Inputting Officer:	Signature:	Date (dd/mm/yy)
	Approving Officer:	Signature:	Date (dd/mm/yy):
	Scanning Officer:	Signature:	Date (dd/mm/yy):

