

Thank you for your interest in joining the JMMB Group. This form is to be completed by individuals who are not already JMMB clients who have an established relationship with an entity or unincorporated association that does business with the JMMB Group, and are required to provide limited KYC information. A list of the relationships that are required to complete this form is captured on the Client Information Form - Business			
Kindly select territory where application is being completed: <input type="checkbox"/> Jamaica <input type="checkbox"/> Trinidad & Tobago <input type="checkbox"/> Dominican Republic			Universal Client Number
PERSONAL INFORMATION			
Title (Mr. Ms. Mrs. Other)	First Name	Middle Name(s)	Last Name
Alias (if applicable)	Tax Identification Number:		Are you a citizen/permanent resident of any other country? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes state country:
Date of birth (dd/mm/yyyy)	Nationality:		
Place of birth:			
POLITICALLY EXPOSED PERSONS (PEP)			
Are you or any of your immediate family members (spouse*, child, step & adopted child, parents, siblings, child's spouse*) or their close business associates, a current or former Head of State, Head of Government, member of any House of Parliament, Minister of Government, member of the judiciary, military official above the rank of Captain, member of police above the rank of Assistant Commissioner, Permanent Secretary or Chief Technical Director in charge of a Government department/ministry/executive agency/ statutory body, official of any political party &/or director or CEO of any company owned by your country of residence or a foreign government? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes in what capacity? *including common-law			
CONTACT INFORMATION			
Residential/Permanent Address (Proof of address required – no older than 3 months)			
Parish/City:	State:	Zip Code/Sector:	Country:
Mailing address (if different from residential address):			
Parish/City:	State:	Zip Code/Sector:	Country:
Telephone Numbers: Home	Work	Mobile (1)	Mobile (2)
Email address (1)		Email address (2)	
Preferred Method of Contact: Call: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> WhatsApp <input type="checkbox"/> SMS			
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. In addition the information provided may also be shared with other companies within the JMMB Group. It is hereby agreed and accepted that JMMB Group reserves the right to collect, process and share as data for marketing and research efforts any information that is provided herein. JMMB will ensure that the necessary technical and organizational measures are in place to safeguard against any security breach before transferring any personal data. I confirm that by signing this form, I declare and acknowledge that the information given by me is correct and can be relied upon by the JMMB Group; also that I am authorizing the JMMB Group to take such steps as it may deem necessary to verify any of the information provided by me. I have read this form before signing and am aware of the obligations contained herein.			
Client Signature: _____ Date dd/mm/yyyy: _____			
If documents were signed outside of JMMB's Office, this section is to be completed by any of the following, Justice of the Peace, Notary Public, Bank Manager or Attorney-at-Law. I hereby certify that the signature(s) appearing on this form was/were affixed in my presence by the said person who presented satisfactory identification.			<div style="border: 2px solid green; border-radius: 50%; width: 100px; height: 100px; margin: auto; display: flex; align-items: center; justify-content: center;"> Place stamp/seal here </div>
Name	Signature	Date: dd/mm/yyyy	

FOR INTERNAL USE ONLY

Subsidiary/Branch/Department: _____

Documents Received from Client (kindly attach to this form)

- | | | | |
|-------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Driver's licence | <input type="checkbox"/> Passport | <input type="checkbox"/> National ID + Birth/Adoption Certificate | <input type="checkbox"/> Marriage Certificate |
| <input type="checkbox"/> Resident/Citizenship card | <input type="checkbox"/> Birth/Adoption Certificate | <input type="checkbox"/> Court Order | <input type="checkbox"/> Voluntary Declaration |
| <input type="checkbox"/> Proof of Residential address | <input type="checkbox"/> Tax ID (or foreign equivalent) | <input type="checkbox"/> Decree Absolute | |

For Branch Use Only	Receiving Agent:	Signature:	Date (dd/mm/yy):
	Input Agent:	Signature:	Date (dd/mm/yy):
	Relationship Officer:	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	
FOR BRANCH/ COMPLIANCE	If High Risk Approved by:	Signature:	Date (dd/mm/yy):
	Compliance Notes:		
FOR CENTRALISED BUSINESS SUPPPORT SERVICES	Approving Officer:	Signature:	Date (dd/mm/yy):
	Scanning Officer:	Signature:	Date (dd/mm/yy):