

Universal Client Number Assigned: _____

This form is to be used to make updates to a Company record. Please check the appropriate box(es) and indicate the update(s) which are being requested.

Registered Company Yes No If No, state type of company: _____

Company Code (assigned by JMMB): _____ Company Account Number: _____

Company Name (as stated on client record): _____

Politically Exposed Persons (PEP): Are any of the directors, , signatories, majority shareholders or their 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?

No Yes **If Yes in what capacity?** _____

** including common-law*

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

UPDATE MANAGEMENT OFFICERS

Kindly list the name, Tax Identification Number and corporate relationship with the company of any additional 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 also submit the relevant company documents to support this change along with an updated Board resolution.

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** so that we can get further Know Your Client (KYC) information 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)

UPDATE TO BUSINESS INFORMATION

UPDATE TO NAME OF BUSINESS:

UPDATE TO REGISTERED BUSINESS ADDRESS:

UPDATE TO NATURE OF BUSINESS:

- AUTHORIZED SIGNATORIES** - (Kindly submit a copy of the Resolution indicating new authorized signers. New clients MUST complete the Client Information Form – Corporate Individual, submit 1 valid ID, TIN and proof of their residential address. Existing clients whose profiles need to be updated must complete Client Information Update Form-Individual and provide updated documents where necessary.)

	NAME(S) <i>(enter title, first, middle & last name)</i>	ADD TO /REMOVE FROM ACCOUNT(S)	SIGNING INSTRUCTIONS	SIGNATURE OF CLIENT BEING ADDED	PEP? (IF YES, PLEASE STATE CAPACITY)
1		<input type="checkbox"/> Add or <input type="checkbox"/> Remove Account No.:	<input type="checkbox"/> Any One to Sign <input type="checkbox"/> Any Two to Sign <input type="checkbox"/> All to Sign <input type="checkbox"/> Special Instructions: _____		
2		<input type="checkbox"/> Add or <input type="checkbox"/> Remove Account No.:	<input type="checkbox"/> Any One to Sign <input type="checkbox"/> Any Two to Sign <input type="checkbox"/> All to Sign <input type="checkbox"/> Special Instructions: _____		
3		<input type="checkbox"/> Add or <input type="checkbox"/> Remove Account No.:	<input type="checkbox"/> Any One to Sign <input type="checkbox"/> Any Two to Sign <input type="checkbox"/> All to Sign <input type="checkbox"/> Special Instructions: _____		

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, etc.): _____

Business Income (Gross Revenue): _____ Purpose of the Account: _____

Main Source(s) of Funds (How will the account be funded?): _____

Source(s) of Wealth (How did you accumulate your wealth?): _____

Staff Count (No. of employees including owner): _____

BANKERS

<input type="checkbox"/> Principal Banker	<input type="checkbox"/> Secondary Banker
Full Name: _____	Full Name: _____
Address: _____ _____	Address: _____ _____
Telephone #: _____	Telephone #: _____

COMPANY MAILING ADDRESS / INSTRUCTIONS

	ACCOUNT NUMBER	NEW MAILING ADDRESS	NEW MAILING INSTRUCTION
1.			<input type="checkbox"/> Mail <input type="checkbox"/> Hold* <input type="checkbox"/> Email to: _____ _____
2.			<input type="checkbox"/> Mail <input type="checkbox"/> Hold* <input type="checkbox"/> Email to: _____ _____

*Please note that authorization will be required from a Branch Manager or Branch Operations Manager to 'Hold' mail.

☐ UPDATE TO CAMBIO TRANSACTION REQUIREMENTS

1. Does the business intend to utilize JMMB Group’s Cambio service? No Yes

(If Yes is selected, kindly complete questions 2-4 below and provide JMMB with a copy of the business’ Annual Report/Financial Statements for the last financial year.)

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 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

☐ CONTACT PERSON INFORMATION

CONTACT PERSON NAME	POSITION	CELL NUMBER	OFFICE NUMBER

☐ BEARERS

(List the names of Personnel/Bearers authorized to collect documents/receive information on behalf of the Company)

	NAME (First Name/Last Name)	ID TYPE (*)	ID NUMBER	ID EXPIRY DATE (DD/MM/YYYY)
1.				
2.				

I confirm that by signing this form, I declare and acknowledge that the information given by me is correct and will be relied upon by JMMB; also that I/we am authorizing JMMB 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.

Authorized Signatory Name: _____

Authorized Signatory Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____
(DD/MM/YYYY)

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: _____ Date: _____



TO BE COMPLETED BY JMMB PERSONNEL ONLY

Subsidiary/Branch/Department: _____		
Documents Received from Client		
Certificate of Incorporation	Business Name Registration Certificate	Memorandum & Articles of Association
Certificate of Registration (for charities/non profits)	Partnership Agreement	Board Resolution
Company TIN	Company TCC	Letter from Ministry of Finance
Financial Statements	Current Tax Returns	Group Indemnity

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:
FOR BRANCH SUPPORT UNIT	Input Officer:	Signature:	Date (dd/mm/yy):
	Approving Officer:	Signature:	Date (dd/mm/yy):
	Scanning Officer:	Signature:	Date (dd/mm/yy):