



CUSTOMER INFORMATION FORM – SIMPLIFIED KYC REQUIREMENTS

TITLE: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	SURNAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME	PLACE OF BIRTH	DATE OF BIRTH (DD/MM/YYYY)	COUNTRY OF BIRTH
TRN	NATIONALITY	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated
MOTHER'S MAIDEN NAME	PRESENT HOME ADDRESS	PREVIOUS HOME ADDRESS	

IDENTIFICATION DETAILS

ID TYPE & NUMBER	PLACE OF ISSUE	ISSUE DATE (DD/MM/YYYY)	EXPIRY DATE (DD/MM/YYYY)
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CONTACT INFORMATION

MOBILE NO. (COUNTRY CODE/AREA CODE/NO.)	HOME NO. (COUNTRY CODE/AREA CODE/NO.)	HOME E-MAIL
WORK NO. (COUNTRY CODE/AREA CODE/NO.)	FAX NO. (COUNTRY CODE/AREA CODE/NO.)	WORK E-MAIL

EMPLOYMENT DETAILS

<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT	PRESENT EMPLOYER'S NAME & ADDRESS	OCCUPATION
		START DATE (DD/MM/YYYY)

SOURCE OF FUNDS AND ANTICIPATED ACCOUNT ACTIVITY

SOURCE OF FUNDS	INITIAL DEPOSIT – FUNDS TRANSFER (ACH) (\$)
What is the anticipated monthly INCOMING value and volume?	What is the anticipated monthly OUTGOING value and volume?
Value (J\$)	Volume (#)
CASH:	CASH:
CHEQUE:	CHEQUE:
FUNDS TRANSFER:	FUNDS TRANSFER:

FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") REPORTING REQUIREMENTS

	YES	NO	REQUIREMENT(S)
1 ARE YOU OBLIGATED TO PAY TAXES IN ANY OTHER JURISDICTION OUTSIDE OF JAMAICA?	<input type="checkbox"/>	<input type="checkbox"/>	If YES , state country
2 ARE YOU A US CITIZEN/RESIDENT OR CONSIDERED A US PERSON FOR TAX PURPOSES?	<input type="checkbox"/>	<input type="checkbox"/>	If YES , provide FORM-W9

SOCIAL SECURITY NUMBER (SSN)	TAX IDENTIFICATION NUMBER (TIN)
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POLITICALLY EXPOSED PERSONS (PEPs)

Are any of the account holders, signatories, or their immediate family members (parents, siblings, spouse, children, & or in-laws); a current or former senior official in the military, executive, legislative or administrative arms of government, or judiciary of your country of residence or a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by your country of residence or a foreign government?

YES NO If **YES**, Please provide details: _____

RESIDENCY INFORMATION

Do you have permanent residency status in any other country (for example, green card etc.)? NO YES If **YES**, Please provide details:

Are you a citizen of any country other than Jamaica? NO YES If **YES**, Please provide details:

ACCOUNT NUMBER:

APPLICATION AGREEMENT

I/We certify that the information I/we provided on this application is correct and complete and hereby authorize you to contact such parties as may be necessary to certify the veracity of same. You may, from time to time, give any credit and other information about me/us, including any information on this Form to and receive such information from, any: (a) Credit Bureau or Reporting Agency; (b) Person with whom I may have or propose to have financial dealings; (c) First Global Bank Limited and its subsidiaries or affiliates; and (d) Person in connection with any dealings I have or propose to have with you.

I/We undertake to immediately advise you in writing of any change in any form of identification including but not limited to change of names and addresses and agree to provide such documentation as may be relevant.

I/We have reviewed, understood and agree to be bound by the various terms and conditions governing my/our accounts with you and acknowledge that same may be amended by you in your sole discretion at any time and from time to time as permitted in the said terms and conditions.

I/we agree that you may use that information to establish and maintain any relationship with you and to offer me any services from time to time as permitted by law.

I/we confirm that the information given in relation to **FATCA** is true in all respects and complete, and that I have not withheld any information that might affect the Company's decisions. I understand that the given information may be disclosed to local and/or foreign authorities.

I/we confirm that in consideration for your opening the foregoing account(s) (**ACCOUNT REQUEST**), I/we, the undersigned, confirm that I/we have read, understood and agree to be bound by the terms and conditions of the **Account Operation Agreement** which was received by **EMAIL** and/or **PRINT**

I/we confirm that the Bank is hereby authorized to honour the signature(s) and act upon the instructions of such person(s) whose name(s) appear(s) herein and such person(s) shall have access to all or any of the accounts indicated herein and such person(s) shall have the power to activate or conduct any banking business including but not limited to the drawing of cheques or debiting the account on my/our behalf on all or any accounts indicated until such time as the Bank shall receive instructions from me/us to the contrary and I/we accept full liability for anything done by person(s) ostensibly acting within the terms of the authority hereby given and said acts of these persons shall be adopted by me/us as it were my/our own.

APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE (DD/MM/YYYY)
WITNESS'S NAME	WITNESS'S SIGNATURE	DATE (DD/MM/YYYY)
APPROVER'S NAME (BANK AUTHORIZED)	APPROVER'S SIGNATURE	DATE (DD/MM/YYYY)