



Personal Consolidated Account Opening Form

(Please complete all fields and enter N/A if Not Applicable)

FOR INTERNAL USE ONLY

RIM Number: New Account Type: New Account Number:

PART A: Member / Customer Information

Title: Mr Miss Mrs Other Suffix: Jr. Sr. Other

Last Name: First Name: Middle Name:

Maiden Name: Gender: Male Female Status: Single Married
 Widowed Divorced

Alias / Pet Name: Place of Birth: Date of Birth:
(YYYY/MM/DD)

Nationality: Country of Residence:

Contact Number: **Email:**

Mobile: Personal:

Work: Business:

Other: Business Fax:

Business:

Home Address: **Mailing Address:** *(if different from home address)*

Street Address: Street Address:

Street Address: Street Address:

Sector: Sector:

City / Town: City / Town:

Residential Area / District: Residential Area / District:

Post Office / Zip Code: Post Office / Zip Code:

Province / State / Parish / County: Province / State / Parish / County:

Country: Country:

Address Status: Family Rent Own Other

Proof of Address: Cable / Utility Bill Bank / Credit Card Statement National ID Property Tax Receipt
 JN Bank Verification form Rent Receipt / Copy of Lease Agreement

How long have you resided at current address? 0-4 years 5 or more years

Previous Address: **In Care of Address:**

Street Address: Street Address:

Street Address: Street Address:

Sector: Sector:

City / Town: City / Town:

Residential Area / District: Residential Area / District:

Post Office / Zip Code: Post Office / Zip Code:

Province / State / Parish / County: Province / State / Parish / County:

Country: Country:



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PART B: Identification

Identification Type: Driver's Licence* Passport National ID Birth Certificate (0-11 years)

Student ID Other (Insert Type)

ID Number:

Date of Issue:
(YYYY/MM/DD)

Date of Expiry:
(YYYY/MM/DD)

Issuing Country:

Reference Type: TRN SSN SIN TIN NIN

Reference Number:

Mother's Maiden Name:

FOR OFFICIAL USE ONLY
I have seen customer's SSN, SIN, TIN, NIN:

YES NO

*the Driver's Licence Control Number should be stated in the ID Number field, not the TRN.

PART C: Employment

Employment Status: Employed Unemployed Student* Self-employed Retired

Place of Employment:

Occupation:

Employment Category: Clerical Supervisor Asst Manager Manager Executive Other

Employment Country:

Previous Employer:

(if less than 3 years at present employment)

Employer's Address

Street Address:

Residential Area / District:

Street Address:

Post Office / Zip Code:

Sector:

Province / State / Parish / County:

City / Town:

Country:

PART D: Financial Information / Source of Funds

Initial Deposit Information

Currency of Initial Deposit	Initial Deposit Amount
JMD	<input type="text"/>
USD	<input type="text"/>
GBP	<input type="text"/>
CAD	<input type="text"/>

Source of Funds: Salary Pension Payment Income from Investment Income from Business Activity
 Remittance Other (Please state)

Income Information

Income Currency: JMD USD GBP CAD Annual Gross Income:\$

Future Deposit Information

Currency of Future Deposits	Frequency of Future Deposits	Future Deposit Amount
JMD	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	<input type="text"/>
	<input type="radio"/> Other <input type="text"/>	
USD	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	<input type="text"/>
	<input type="radio"/> Other <input type="text"/>	

Currency of Future	Frequency of Future Deposits	Future Deposit Amount
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Deposits				
GBP	<input type="radio"/> Weekly	<input type="radio"/> Fortnightly	<input type="radio"/> Monthly	<input type="text"/>
	<input type="radio"/> Other	<input type="text"/>		
CAD	<input type="radio"/> Weekly	<input type="radio"/> Fortnightly	<input type="radio"/> Monthly	<input type="text"/>
	<input type="radio"/> Other	<input type="text"/>		

Name of Primary Bank: Branch:

Reason for Saving:

PART E: Additional Information

Do you or any member of your immediate family presently hold or have ever held a prominent public function (whether in Jamaica or any foreign country), such as a Head of State, Head of the Opposition Political Party, Member of Parliament, Senior Member of the Judiciary, Head of the Military or Police Force, CEO of a Statutory Body / Government Body or Agency?

No Yes If yes, please state:

Are you a personal / professional associate of any of the foregoing public officials?

No Yes If yes, please state:

Existing Account Information

Existing Account Type (Tick one)	Account Number	Name of Joint Account Holder (if any)
<input type="radio"/> Savings <input type="radio"/> CD <input type="radio"/> Loans	<input type="text"/>	<input type="text"/>
<input type="radio"/> Savings <input type="radio"/> CD <input type="radio"/> Loans	<input type="text"/>	<input type="text"/>

PART F: FATCA Self-Certification

Declaration of U.S. Citizenship or U.S. Residence for Tax purposes

Please select the correct options below and complete as appropriate.

I confirm that I am a U.S. Person (an American citizen, dual citizen, lawful permanent resident (Green Card Holder) or resident under the substantial presence test) and my **U.S. federal taxpayer identifying number (U.S. TIN)** is as follows:

I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

I confirm that I am not a U.S. Person.

Declaration of Tax Residency (<i>other than U.S.</i>)		
Country/ies of Tax Residency	Tax Reference Number Type	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

Where legally obliged to do so, I hereby consent to the recipient sharing this information with the TAX ADMINISTRATION JAMAICA (TAJ).¹

Customer's Signature:

Date:
(YYYY/DD/MM)

PART G: Email and Facsimile - Instructions , Authority and Indemnity

It would be convenient and in my/our interest if I/we could at anytime and from time to time send to and receive from The Jamaica National Group Limited with its chief office at 2-4 Constant Spring Road, Kingston 10, Jamaica (and/or any of The Jamaica National Group Limited's member companies, including, JN Bank Limited) (hereinafter referred to as "JN") instructions/correspondence by means of electronic communication, that is, by way of facsimile transmission, that is, transmissions between fax machines via the telephone network being "fax instructions/correspondence" and/or by means of electronic mail, that is, transmissions electronically between computers, whether encoded for security purpose or not, being "e-mail instructions/correspondence" and/or through telecommunication via internet-based platforms (hereinafter referred to as "electronic mail") in relation to any and all my/our existing accounts, facilities and other arrangements with JN and any accounts, facilities and other arrangements which I/we may, in the future, have with JN, including but not limited to my/our mortgage account(s) or other arrangements.

In consideration of JN agreeing to accept instructions/correspondence, by electronic mail, from me/us and/or send correspondence, by electronic mail, to me/us as aforesaid, I/we hereby agree as follows:

1. THAT JN may act on any instructions/correspondence received by electronic mail from me/us from time to time, and I/we voluntarily and with full knowledge take and assume any and all risks associated therewith;
2. THAT once instructions/correspondence sent by electronic mail have been received by JN purportedly from me/us (the person(s) specified below) JN shall have no obligation to check or verify authenticity or accuracy of such electronic mail purporting to have been sent by me/us and may act thereon as if same had been duly given by me/us;
3. THAT in acting on any instructions/correspondence received by electronic mail from me/ us, JN shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such electronic mail have been initiated, sent or otherwise communicated in error or fraudulently and I/we shall be bound by any instructions/correspondence received by electronic mail on which JN may act, if JN has in good faith acted in the belief that such instructions/correspondence were sent by me/us;
4. THAT JN may, in its absolute discretion, decline to act on or in accordance with the whole or any part of any instructions/correspondence received by electronic mail pending further enquiry or further confirmation (whether written or otherwise) by me/us, so however that JN shall not be under any obligation to so decline in any case, and JN shall in no event or circumstances be liable in any respect for not so declining;
5. THAT JN may send to me/us, from time to time, correspondence by electronic mail in respect of my/our accounts as aforesaid and I/we voluntarily and with full knowledge take and assume any and all risks associated therewith;
6. THAT once correspondence has been sent by JN, by electronic mail, to me/us (the person(s) specified below) JN shall have no obligation to check or verify the receipt of such electronic mail by me/us and may act as if same had been duly received by me/us;
7. TO release JN from and indemnify JN against all claims, losses, damages, costs and expenses howsoever arising in consequence of or in any way related to JN having acted in accordance with the whole or any part of any instructions/correspondence received by electronic mail or having exercised (or failed to exercise) the discretion conferred upon JN in Clause 4 above; and
8. TO release JN from and indemnify JN against all claims, losses, damages, costs and expenses howsoever arising in consequence of or in any way related to JN having sent to me/us correspondence by electronic mail as I/we authorized JN herein.

Customer's Signature:

Date:
(YYYY/DD/MM)

¹ JN Bank Limited is obliged under the Intergovernmental Agreements ("IGA") entered into by the Jamaica and the United States of America, in relation to the automatic exchange of information for tax matters ("FATCA"), to collect certain information about each account holder. Please note that in certain circumstances we may be obliged to share this information with TAX ADMINISTRATION JAMAICA (TAJ).
If any of the information above regarding your tax residence or FATCA classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about your tax status and how it is impacted by the completion of this form, please contact your tax advisor.

Account Opening Agreement

By submitting this application, I agree to the following:

1. I/We understand and agree that by opening an account with JN Bank Limited I/We become a shareholder of The Jamaican National Group Limited (JN Group Ltd) and my/our contact information will be shared with JN Group Ltd for the purpose of communicating with its shareholders.
2. I / We agree that JN Bank may record and store all information to my / our account in such form and by such means as it deems fit. JN Bank may use the services of any of its subsidiaries and affiliates or any electronic data processing services bureau or organization in connection with the keeping of my / our account.
3. I / We hereby consent to the sharing of information with such subsidiaries and affiliates or any electronic data processing service bureau or organization for the purpose of processing information relating to my / our account, providing contingency backup of data, or any other proper banking purpose. In such case JN Bank will not be liable to me / us by reason of any act, delay or omission of such service bureau or organization in the performance of the services required of it.
4. Whether or not credit is granted, I / we consent to JN Bank exchanging information with other parties, other agents, including JN Bank associates overseas, contractors, concerning my / our credit, income and / or employment history. Further I / we agree that JN Bank may share information about my account through licensed credit reference agencies and other financial institutions. The consent to this sharing of information is for the information to be used for the purposes of facilitating lending decisions, preventing fraud and is limited to as far as is permissible under applicable law.
5. JN Bank will not be liable for any costs, damages, demands or expenses I / we may incur due to JN Bank acting or failing to act upon my electronic instructions, except for the Bank's gross negligence or willful misconduct.
6. I / We agree to indemnify and hold harmless JN Bank against any claims, damages, demands and expenses that the Bank incurs (other than its own gross negligence or willful misconduct) including among other things, all legal fees and expenses arising from JN Bank acting or declining to act, on any of my / our instructions herein.
7. I / We agree that the account is for the sole benefit of the account holder(s) and will not be used for any third parties.
8. JN Bank reserves the right, in its sole discretion and without giving reasons, to terminate an established business relationship where JN Bank forms the view that continuing with the relationship exposes it to legal, reputational or other risks.
9. I / We certify that the information provided in this Application is accurate and correct to the best of my knowledge and that I / we have read, understand and accept the Terms and Conditions outlined herein.
10. I/We certify that I/we have received, read and accept the "JN Bank Limited's Terms and Conditions (Personal)" which shall govern this account to the extent the terms and conditions herein are silent.

No Yes **I wish to receive emails for JN Bank marketing promotions.**

No Yes **I consent to my contact information being shared with other member companies of the JN Group of companies for the purposes of receiving marketing promotions from those companies.**

Your savings account statement is available to you via our online banking portal, JN Bank LIVE, free of cost.

Should you require that your statement to be mailed to you at the address on record, please check here.

Customer's Signature:

Date:
(YYYY/DD/MM)

FOR INTERNAL USE

Account Created By:

Name of JN Bank Rep:

Signature:

Branch:

Date account was opened:
(YYYY/DD/MM)

Checked/ Authorized By:

Name of JN Bank Authorizing Officer:

Signature:

Date checked :
(YYYY/DD/MM)