



MoneyMasters Limited

Licensed Securities Dealer

Your Money Management Experts

Customer Information Form and Client Account Agreement

CORPORATE CLIENT

COMPANY PROFILE

Business Name: _____ Phone #: _____ Fax #: _____

Address Country of Registration: _____

Mailing Address (If Different): _____

Email Address: _____ Web Address: _____

Business Structure: Corporation Association Partnership Proprietorship Club Church

Date of Incorporation/Registration: ____/____/____ (DDMMYYYY) TRN: _____

Source Of Funds: _____ Purpose of the Account: _____

Do you have developed and written AML policies in place to detect, prevent and report suspicious transactions? Yes No

Does your AML compliance program require approval of your Board or Senior Management? Yes No

Name(s) of the principal officer(s) or representatives of the non incorporated entity:

Description of line of business and major suppliers: _____

Group/corporate structure (if applicable) _____

PORTFOLIO PARAMETERS

Risk Profile: High Medium Low

Investment Instrument(s): REPO Bonds Securities Trading Structured Products

Investment Objective(s): _____

Investment Instructions: DISCRETIONARY (Make Investments on my/our behalf as you deem appropriate)

PARTIAL (Investments must only be made on my/our instructions)

CUSTODY (No discretion to trade, assets are for safekeeping and reporting only)

Mailing Instructions: Mail Hold

How did you hear about us? Print Media Electronic Media Internet Referral Other _____

BANKER INFORMATION

Bank/Branch Name: _____

Bank A/C #: _____ Bank A/C Currency: _____

Wire & Routing Instructions: _____

Other Bank Information: _____

OWNERS' INFORMATION

OWNER (A): Mr. Ms. Mrs. Oth _____

OWNER (A): Mr. Ms. Mrs. Oth _____

Name: _____

Name: _____

Address: _____

Address: _____

OWNER (B): Mr. Ms. Mrs. Oth _____

OWNER (B): Mr. Ms. Mrs. Oth _____

Name: _____

Name: _____

Address: _____

Address: _____

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DIRECTORS' INFORMATION

DIRECTOR (A): Mr. Ms. Mrs. Oth_____

Name: _____

Address: _____

DIRECTOR (B): Mr. Ms. Mrs. Oth_____

Name: _____

Address: _____

DIRECTOR (C): Mr. Ms. Mrs. Oth_____

Name: _____

Address: _____

DIRECTOR (D): Mr. Ms. Mrs. Oth_____

Name: _____

Address: _____

DIRECTOR (E): Mr. Ms. Mrs. Oth_____

Name: _____

Address: _____

DIRECTOR (F): Mr. Ms. Mrs. Oth_____

Name: _____

Address: _____

ACCOUNT AGREEMENT

- I/We the undersigned, being the person(s)/company specified in the document below (hereinafter, together jointly and severally if more than one, referred to as "the client") hereby request MoneyMasters Limited of 17 Knutsford Boulevard, Kingston 5, Jamaica, a company duly incorporated under the laws of Jamaica (hereinafter referred to as "the Company") to open one or more account(s) from time to time in my/our name(s) with respect to instruments issued to me/us by and/or investments held by me/us through the Company, and all accruals, payments and transactions relating thereto.
- I/We acknowledge and agree that the Company's General Terms and Conditions attached hereto, as varied by the Company from time to time - (i) are accepted by and are binding on me/us, (ii) shall govern the said account(s) and all instruments issued to me/us by and/or investments held by me/us through the Company, and all accruals, payments and transactions relating thereto, and (iii) are hereby incorporated by reference into all contracts from time to time existing between me/us and the Company (save to the extent, and to the extent only, that the Company in writing expressly agrees otherwise). I/We hereby agree to abide by and comply with the provisions set forth in the said General Terms and Conditions attached hereto, as varied by the Company from time to time. I/We hereby acknowledge having received a copy of this Client Account Agreement and the said General Terms and Conditions.
- MoneyMasters Limited reserves the right to reject any application. The grounds for rejection will be communicated to the applicant. MoneyMasters Limited will at its sole discretion close any account suspected to be operated for the purpose of laundering money, or supporting any illegitimate enterprises or which fails to provide mandatory information requested within 45 days of opening or falsifies mandatory information or whose continued operations compromises the values of MoneyMasters Limited and the rules and regulations governing our business.

AUTHORISED SIGNATORIES (If client is a company, kindly complete attached resolution)

NAME & TITLE	SIGNATURE	TRN	LIMITS (If applicable)

Signature Rule for withdrawals and Instructions

Any One Any Two All Other: _____

CHECKLIST

PLEASE SUBMIT THE FOLLOWING DOCUMENTS ALONG WITH THE COMPLETED FORMS TO OUR OFFICES:

- ARTICLES OF INCORPORATION COPY OF VALID I.D FOR EACH DIRECTOR
 DIRECTORS RESOLUTION COPIES OF POWERS OF ATTORNEY OR OTHER AUTHORITIES GIVEN BY THE DIRECTORS IN RELATION TO THE COMPANY

FOR USE BY MML PERSONNEL ONLY

CIF completed and signed	Fax/E-mail/General indemnity	Professional Intermediary letter	Deed of partnership/Internal rules
ID and TRN of Signatories	Line of business & major suppliers	Certificate of Good standing (overseas)	Mailing/interest instructions
Certificate of incorporation, Articles & Memo. or Articles of Incorporation	Financial statement & Group/ Corporate structure (If applicable)	Withholding application (If applicable)	Directors' Resolution/ written decision of non incorporated entity
TRN of entity, Source of funds, account's purpose	Names & addresses of owners, shareholders, directors/ beneficiaries/manager	Is the entity or any of its members related/connected to a PEP? (Y/N)	Certificate of business name registration /proof of registration/existence

OFFICER'S NAME: _____

SIGNATURE: _____

SR. MANAGER'S NAME: _____

SIGNATURE: _____

COMMENTS: _____