



MoneyMasters Limited Individual Client Application Form

Currency

ALL SECTIONS TO BE COMPLETED LEGIBLY IN ENGLISH IN BLACK/DARK COLORED INK AND IN BLOCK CAPITALS.

New Client

Account No.

Date

Yes

No

☐☐

SECTION 1: CLIENT INFORMATION - PRIMARY

TITLE Mr. Mrs. Miss

☐☐☐

NAME (*Last, Christian, Middle*)

MAIDEN NAME IF APPLICABLE

Gender ☐ Male ☐ Female ☐ Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Country of Birth

Place of Birth

Nationality

SECTION 2: CONTACT & IDENTIFICATION

Telephone Contact Numbers

..... (M) (H) (W)

EMAIL ADDRESS

Tax Identification Number (TRN/TIN/SIN etc.)

ID Type: ☐ Driver's License ☐ Passport ☐ Voters ID

ID Number:

ID Issue Date (dd/mm/yyyy)

ID Expiry Date (dd/mm/yyyy)

Country of Issued (ID)



MoneyMasters Limited Individual Client Application Form

SECTION 3: RESIDENCY & EMPLOYMENT

Current Home Address

..... Years In Residence

Previous Home Address

..... Years Spent at Residence

CURRENT EMPLOYMENT INFORMATION

Employer's Name Telephone Number

Employers Address Years Employed

Industry of Employment

If Self-Employed State Nature Of Business.....

PREVIOUS EMPLOYMENT INFORMATION

Employer's Name Telephone Number

Employers Address Years Employed

Industry of Employment

Purpose For Opening Account

ANNUAL INCOME

☐ LESS THAN J\$200K ☐ J\$200K-J\$500K ☐ J\$501K-J\$1M ☐ J\$1,001M-J\$5M ☐ Over J\$5M

POLITICAL EXPOSURE DECLARATION *(Please see below for the definition of a PEP)*

Are you a PEP? ☐ Yes ☐ No Are you a family member of a PEP? ☐ Yes ☐ No

If yes, please state name of family member and relation

Are you the associate of a PEP? ☐ Yes ☐ No

If yes, please state NAME

**The Financial Action Task Force (FATF) defines Politically Exposed Persons (PEP) as individuals who are or have been entrusted with prominent public functions in a foreign country.*

Examples: Heads of State of government, senior politicians, senior government or executive council of government, judicial, military officials, senior executives of state-owned corporations, important political party officials, ambassadors, ambassadors' attaches. Business relationships with family members or close associates of PEPs involve reputational risks similar to those with PEP themselves.



MoneyMasters Limited Individual Client Application Form

1ST JOINT APPLICANT

TITLE Mr. Mrs. Miss
☐ ☐ ☐

NAME (*Last, Christian, Middle*)

MAIDEN NAME IF APPLICABLE

.....

Gender ☐ Male ☐ Female ☐ Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Country of Birth

Place of Birth

Nationality

.....

.....

.....

SECTION 2: CONTACT & IDENTIFICATION

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Employers Address Years Employed

Industry Of Employment

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PREVIOUS EMPLOYMENT INFORMATION

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If yes, please state NAME

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2ND JOINT APPLICANT

TITLE Mr. Mrs. Miss
☐ ☐ ☐

NAME (Last, Christian, Middle)

MAIDEN NAME IF APPLICABLE

Gender ☐ Male ☐ Female ☐ Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Country of Birth

Place of Birth

Nationality

SECTION 2: CONTACT & IDENTIFICATION

Telephone Contact Numbers

..... (M) (H) (W)

EMAIL ADDRESS

.....

Tax Identification Number (TRN/TIN/SIN etc.)

.....

ID Type: ☐ Driver's License ☐ Passport ☐ Voters ID

ID Number:

ID Issue Date (dd/mm/yyyy)

ID Expiry Date (dd/mm/yyyy)

Country of Issued (ID)

SECTION 3: RESIDENCY & EMPLOYMENT

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If Self-Employed State Nature of Business.....

PREVIOUS EMPLOYMENT INFORMATION

Employer's Name Telephone Number

Employers Address Years Employed

Industry Of Employment

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POLITICAL EXPOSURE DECLARATION (*Please see below for the definition of a PEP*)

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If yes, please state name of family member and relation

Are you the associate of a PEP? ☐ Yes ☐ No

If yes, please state NAME

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SECTION 4: GENERAL ACCOUNT GOVERNANCE – PRIMARY APPLICANT

Mailing Address

.....

CORRESPONDENCE DELIVERY METHOD (SELECT ONE) ☐ Email ☐ Send to Mailing Address ☐ Hold

EMERGENCY CONTACT

Name Relationship

Address Telephone No.....

OTHER PERSON WITH BENEFICIAL INTEREST (NOT AN ACCOUNT HOLDER)

1. NAME: Telephone No..... Relationship

Date of Birth Country of Birth

2. NAME: Telephone No..... Relationship

Date of Birth Country of Birth

Beneficial owner refers to the natural person(s) who ultimately owns or controls a customer and/or the natural person on whose behalf a transaction is being conducted. It also includes those persons who exercise ultimate effective control over a legal person or arrangement such as companies/trust etc.

PRIMARY BANKING INFORMATION

Name of Bank:

Bank Account #

Account Currency:

Account Type: ☐ Savings ☐ Chequing/Current

Name on Account:

Bank Address:

Bank Telephone #:

SOURCE OF FUNDS: *Origin of Funds expected to be deposited to the account (please provide proof)*

.....



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SOURCE OF WEALTH: *The origin of the client's entire body of wealth; Example: Inheritance, Employment, Ownership of Business*

☐ Salary/Wages/Savings ☐ Investment/Capital Gains ☐ Family/inheritance ☐ Other (please specify)

Indicate Your Estimated Net Worth \$:

(Net worth is the value of your total assets minus total debt)

RISK TOLERANCE: ☐ Conservative (low risk) ☐ Moderate (medium risk) ☐ Aggressive (High)

Conservative: Cautious, having a risk averse investment strategy

Moderate: Willing to accept some risk for potential higher rate of return

Aggressive: Willing to accept above-average risk in pursuit of above average return

INVESTMENT TENURE: ☐ 6Months-1year ☐ 1-2 years ☐ 2-5 years ☐ Over 5 years

TYPE OF LODGEMENT: ☐ Cash ☐ Cheque ☐ Electronic Transfer ☐ Internal A/C Transfer ☐ Other

ESTIMATED FREQUENCY & VOLUME OF DEPOSITS: ☐ Daily ☐ Monthly ☐ Quarterly ☐ Annually

INVESTMENT OBJECTIVES:

☐ Home Ownership ☐ Pension/Retirement ☐ Growth ☐ Income ☐ Capital Preservation ☐ Other

DIRECTORS:

Are you or any of the joint account holders a director, 10% and more shareholder or policy making officer of a publicly held company? ☐ YES ☐ NO

If "yes" state all company name/s

Are you the holder of a beneficial interest in a casino or operate a casino account? ☐ YES ☐ NO

If yes state all company name/s

Are you involved in internet gambling ☐ YES ☐ NO

If "yes" state company name/s



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REFERENCE INFORMATION:

Name: Contact No: (H) (C)

Address:

Name: Contact No: (H) (C)

Address:

Name: Contact No: (H) (C)

Address:

ACCOUNT AGREEMENT

1. 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 5-7 South Avenue, Kingston 10, Jamaica, a company duly incorporated under the laws of Jamaica (hereinafter referred to as "the Company") to open one or more accounts) from time to time in my/our names) 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.

2. I/We acknowledge and agree that the Company's General Terms and Conditions attached hereto, as varied by the Company from time to time - (are accepted by and are binding on me/us, (i) shall govern the said accounts) 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.

Primary's Name

Primary's Signature

.....

.....

Joint #1 Name

Joint #1 Signature

.....

.....

Joint #2 Name

Joint #2 Signature

.....

.....



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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.

Please note that in accordance with the Jamaica Data Protection Act (JDPA) 2020 your information will be kept in the strictest of confidence and will not be transferred to or shared with any third party (except for Regulators conducting assessment on the entity) without your consent.

For MML Internal Use Only

Bank Transaction Reference Number	Sub-Broker's Code	Branch Code	Relationship Manager
			Name
			Mobile

ACKNOWLEDGEMENT SLIP

Name Of first applicant Unit Holder

App.No.

Received From An
Application For

Investment.....
Scheme Plan Option

.....
Acknowledgement Stamp & Date