



MoneyMasters Limited Individual Client Application Form

Currency: Investment Type: Amount \$.....
Investment Type: Amount \$.....

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

Date of Birth Country of Birth Place of Birth Nationality
.....

SECTION 2: CONTACT & IDENTIFICATION

Telephone Contact Numbers

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

Email Adress

.....



MoneyMasters Limited Individual Client Application Form

ID Type: Driver's License Passport Voter ID

ID Number:

ID Issue Date (dd/mm/yyyy) ID Expiry Date (dd/mm/yyyy)

Country of Issued (ID)

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



MONEYMASTERS

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

a) Are you a PEP? Yes No b) Are you a family member of a PEP? Yes No

If yes to a, in what capacity? if yes to b, 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.

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.....

PRIMARY BANKING INFORMATION

Name of Bank:

Bank Account #

Account Currency:

Account Type: Savings

Name on Account:

Chequing/Current



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Address:

Telephone #:

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

.....
.....

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: 6 Months-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

Additional Information:

Are you or any of the joint account holders a director or shareholder or policy making officer of a publicly held company? YES NO

If “yes” state all company name/s



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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

.....

.....

1ST JOINT APPLICANT

TITLE Mr. Mrs. Miss

NAME (*Last, Christian, Middle*) MAIDEN NAME IF APPLICABLE

.....

Gender Male Female

Marital Status Single Married Widowed Divorced

Date of Birth Country of Birth Place of Birth Nationality
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SECTION 2: CONTACT & IDENTIFICATION

Telephone Contact Numbers

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



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Email Address

.....

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

.....

ID Type: Driver's License Passport Voters ID

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..... 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.....

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MONEYMASTERS

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POLITICAL EXPOSURE DECLARATION *(Please see pg. 3 for the definition of a PEP)*

Are you a PEP? Yes No ; if yes, in what capacity?

2ND JOINT APPLICANT

TITLE Mr. Mrs. Miss

NAME *(Last, Christian, Middle)*

MAIDEN NAME IF APPLICABLE

.....

Gender Male Female

Marital Status Single Married Widowed Divorced

Date of Birth 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.)

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ID Type: Driver's License Passport Voters ID



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Employer's NameTelephone Number

Employers Address Years Employed

Industry Of Employment

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ANNUAL INCOME

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POLITICAL EXPOSURE DECLARATION *(Please pg. 3 for the definition of a PEP)*

Are you a PEP? Yes No; if yes, in what capacity?

TRUSTEE APPOINTMENT

Where the Joint Applicant is a minor or incapacitated, please appoint a Trustee.

(A trustee is an adult who manages money or property on behalf of a minor or incapacitated individual who is not legally old enough or unable to manage their own affairs)

Name: Contact No: (M) (H)



MONEYMASTERS

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Relationship:

Address:

Email Address:

REFERENCE INFORMATION (FOR PRIMARY CLIENTS):

Name: Contact No: (M)(H)

Address:

Name: Contact No: (M) (H)

Address:

Name:Contact No: (M)(H)

Address:

ACCOUNT AGREEMENT

1. I/We the undersigned, being the person(s) specified in the document "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") open one or more accounts (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 amended by the Company from time to time:

(i) are accepted by and binding upon me/us;

(ii) govern the above accounts, all instruments issued to me/us by, and/or investments held by me/us through, the Company, and all related accruals, payments, and transactions; and

(iii) are incorporated by reference into all contracts existing from time to time between me/us and the Company, except to the extent the Company expressly agrees otherwise in writing.

I/We agree to comply with and be bound by the provisions of the General Terms and Conditions, as amended from time to time and acknowledge receipt of a copy of the Client Account Agreement and the General Terms and Conditions.



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Primary's Name

Primary's Signature

.....

.....

Joint #1 Name

Joint #1 Signature

.....

.....

Joint #2 Name

Joint #2 Signature

.....

.....

Dated: (Primary)

(Joint).....

In the presence of:
Justice of the Peace/Attorney-at-Law/Notary Public

.....



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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 Firstapplicant Unit Holder

Received From An Application For

Scheme

Plan

Option

Investment.....

App.No.

.....
Acknowledgement Stamp & Date