



Dear Sir or Madam:

Thank you for your interest in becoming a customer of JN Cayman. To ensure that we comply with the laws and standards set by the Government of the Cayman Islands, we will require the following documents from you in order to open an account.

Personal Accounts

Employed Persons

- Photo Identification & Verification of Citizenship:** Passport, **OR** Driver's License & proof of citizenship
- Job Letter or Employment Contract:** Stating your job title, salary, and period of employment (*For ALL employed persons*)
- Physical Address Verification:**
 - a. Recent (*max 3 months old*) utility bill showing your name & street address....**or**
 - b. Landlord's confirmation of the address, accompanied by his/her utility bill
- Bank Reference** Stating account history (banking relationship should not be less than 3 years)
- Character Reference** (at least known to the referee for 2 years)

Self-Employed Persons

- Photo Identification & Verification of Citizenship:** Passport, **OR** Driver's License & proof of citizenship
- Two Character References** (at least known to the referee for 2 years)
- Bank Reference** Stating account history (banking relationship should not be less than 3 years)
- Physical Address Verification:**
 - a. Recent (*max 3 months old*) utility bill showing your name & street address....**or**
 - b. Landlord's confirmation of the address, accompanied by his/her utility bill
- Trade or Business Licence:** For self-employed individuals subject to Section 17 (1) of the Trade & Business Licensing Law (2019) only
- Self-Employment Verification:** For self-employed individuals who satisfy Section 3 of the Trade & Business Licensing Law (2019) only

Unemployed & Retired Persons

- Photo Identification & Verification of Citizenship:** Passport, **OR** Driver's License & proof of citizenship
- Two Character References** (at least known to the referee for 2 years)
- Bank Reference** Stating account history (banking relationship should not be less than 3 years)
- Physical Address Verification:**
 - a. Recent (*max 3 months old*) utility bill showing your name & street address....**or**
 - b. Landlord's confirmation of the address, accompanied by his/her utility bill

Students

- Photo Identification & Verification of Citizenship:** Passport, **OR** Driver's License & proof of citizenship
- Reference:** Letter from the school indicating the student's enrolment status
- Character References:** Required for students 18 years and above

Self-Certification Form is required for all applicants except for students under the age of 18 years.

Minimum Starting Balance:

Regular Savings \$150.00

Partner Plan \$50.00 p/w

Term Share Account \$5,000.00

Please note: We reserve the right to close your account without notice if any of the following arises:

- You provide us with incorrect or misleading information in relation to the account
- We are unable to contact you at any time using the information you provide
- You do not maintain the required minimum balance determined by us from time to time
- Your account is inactive for the period in excess of 12 months or any lesser or greater period set by us from time to time



CUSTOMER INFORMATION FORM - Personal

RIM #

Title Mr. Mrs. Ms. Dr. Other (Specify) Male Female

Name
Surname First Middle

Mailing Address:
P.O. Box / Street No. District / City State / Country

Physical Address:
Apt. / Street No. District / City Zip code / State / Country

Phone:
Home Office Mobile1 Mobile2

E-mail:
For Bank Use Personal Work

Mother's Maiden Name

Employer's Name & Address

Job Title Start Date Monthly Salary

Other Income (Monthly) Rental CI\$/US\$ Business CI\$/US\$ Pension, Gov't. aid, etc, CI\$/US\$

Country of Birth Country of Citizenship Date of Birth

Passport Number Issue Date Expiry Date Issuing Country

D/License Number Issue Date Expiry Date Issuing Country

Are you or any member of your immediate or close family a politically exposed person? YES NO If yes, please explain

I _____ declare that, to the best of my knowledge, the information disclosed above is correct and is not in any way misleading. I further understand that this information is required by JN Cayman to comply with Cayman Islands laws and regulations and any incorrect or misleading information can result in closure of my account (s) and termination of banking relations with JN Cayman. I fully understand that accounts with no activity for seven (7) years will be paid over to the government of the Cayman Islands in keeping with the Dormant Accounts Laws.

Customer's Signature: _____ Date: _____,20__

Copies of ALL identification and legal documents MUST be duly notarized

Minimum Opening Amounts: Regular Savings \$150, Partner Plan \$50-\$1,000 per week, Fixed Deposit \$5,000.00

ACCOUNT HOLDER(S)

A/C Number

Name 1
Surname First Middle

Name 2
Surname First Middle

Name 3
Surname First Middle

Name 4
Surname First Middle

Rim #

Rim#

Rim#

Rim#

ACCOUNT INFORMATION

Account type
Tick applicable Savings CD _____ # of months
(Applicable)

Currency KYD USD Other _____

Initial Deposit Amount: _____

Reason for Saving: _____

SOURCE OF FUNDS

Salary Pension Payment Income from Investment

Income from Business Activity Other

If other, please state:

Expected Deposit KYD\$ _____ USD\$ _____

Expected Number of Transactions 1-20 21-41 Over 42

Frequency of Transactions Weekly Monthly Yearly Other _____

Signing Instructions Any One to sign Any Two to sign Either or survivor Other _____

Annual Income

0-\$18,000 \$18,001 - \$60,000

Over \$60,000

Customer's Signature: _____ **Date:** _____

Joint Account Holders Signature(s): _____

Rim Setup by: _____ **Date:** _____

Rim Checked by: _____ **Date:** _____

Copies of ALL identification and legal documents MUST be duly notarized

Minimum Opening Amounts: Regular Savings \$150, Partner Plan \$50-\$1,000 per week, Fixed Deposit \$5,000.00



TERMS AND CONDITIONS

I/We _____ declare that, to the best of my knowledge, the information disclosed above is correct and is not in any way misleading. I further understand that this information is required by JN Cayman to comply with Cayman Islands laws and regulations and any incorrect or misleading information can result in closure of my account(s) and termination of banking relations with JN Cayman. I fully understand that accounts with no activity for seven (7) years will be paid over to the government of the Cayman Islands in keeping with the Dormant Accounts Laws.

1. I/We agree that the account is for the sole benefit of the account holder(s) and will not be used for the benefit of third parties.
2. I/We agree that JN Cayman may record and store all information on my/our account in such a form and by such means as it deems fit.
3. Whether or not any credit I might apply for is granted, I/We consent to JN Cayman exchanging information with other parties, agents, contractors concerning my/our credit, income or employment history. I/We further agree that JN Cayman may share information about my account through licensed credit reference agencies or institutions to make lending decisions and prevent fraud.
4. JN Cayman will not be liable for any cost or damages, demands or expenses I/We may incur due to JN Cayman acting or failing to act upon my electronic instructions except for JN Cayman's gross negligence or wilful misconduct.
5. I/We agree or do not agree to my personal information being shared with the other subsidiaries for marketing purposes.
6. JN Cayman reserves the right in its sole discretion and without giving reason to terminate an establish business relationship where JN Cayman views that continuing with the relationship exposes it to legal, reputational or other risk.
7. By signing this form, I hereby consent to JN Cayman providing my/our personal and account information to other members of the Jamaica National Group and its service providers and to third parties including agencies of the state if requested to do so.

ID Type & Number: _____
Signature Verify by: _____
Date: _____

Signature 1 _____ Date: _____

Signature 2 _____ Date: _____

Signature 3 _____ Date: _____

Signature 4 _____ Date: _____

RIM Setup by: _____ Date: _____

RIM Checked by: _____ Date: _____

JN Cayman Compliance Comments



Individual Self-Certification

Instructions for completion

We are obliged under the Tax information Authority Law, the Regulations, and Guidance Notes made pursuant to that Law, and treaties and intergovernmental agreements entered into by the Cayman Islands in relation to the automatic exchange of information for tax matters (collectively "AEOI"), to collect certain information about each account holder's tax status. Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant Cayman Islands Regulations, Guidance Notes or international agreements.

If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please refer to accompanying guidelines for completion or contact your tax advisor.

Please note that where there are joint account holders each investor is required to complete a separate Self-Certification form.

Section 1: Account Holder Identification

Account Holder Name	Date of Birth (dd/mm/yyyy)	Place and Country of Birth
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Permanent Residence Address:

Number & Street	City/Town
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State/Province/County	Post Code	Country
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Mailing address (if different from above):

Number & Street	City/Town
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State/Province/County	Post Code	Country
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Section 2: Declaration of U.S. Citizenship or U.S. Residence for Tax purposes

Please tick either (a) or (b) or (c) and complete as appropriate.

- (a) I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:
_____.
- (b) I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.
- (c) I confirm that **I am not** a U.S. citizen or resident in the U.S. for tax purposes.

Complete section 3 if you have non-U.S. tax residences.

Section 3: Declaration of Tax Residency (other than U.S.)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country/countries of tax residency	Tax reference number type	Tax reference number

Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number:

Section 4: 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 relevant tax information authorities.

Signature: _____

Date: (dd/mm/yyyy): _____



CONFIRMATION OF PHYSICAL ADDRESS *(To be completed & signed by Landlord)*

Date: _____

TO:
The Manager
JN Cayman
P.O. Box 504
Grand Cayman KY1-1106

Dear Sir/Madam

Re: _____
Print Applicant's Name

I/We hereby confirm that the above named person(s) reside(s) at:

Full Street Address

Sincerely,

Name: _____
Print Landlord's Name

Telephone: _____
Landlord's Phone number(s)

Signature: _____
Landlord's Signature

For JN Cayman use below this line

Verified by: _____ Date: _____

RIM Setup/Update by: _____ Date: _____

RIM Checked by: _____ Date: _____

JN Cayman Compliance Comments

CHARACTER REFERENCE FORM

(The customer should at least be known to the Referee for 2 years)

Name of Customer:	Name of Referee:
Occupation:	Occupation:
Address:	Address:
Contact Number:	Contact Number:
	How long have you known this person?

Date:

Yours truly,

Referee's stamp or seal (where applicable)

(Referee's Signature)

List of Acceptable Referees

- Notary Public/Attorney-at-Law
- Justice of the Peace
- Minister of Religion/Priest
- Teacher
- Accountant
- Director/Manager of a regulated financial institution
- Member of the Judiciary
- Senior Civil Servant

For JN Cayman use below this line

Verified by:

Signature:

Date:



TO BE COMPLETED ONLY IF YOU ARE SELF-EMPLOYED AND EXEMPT FROM HOLDING A TRADE OR BUSINESS LICENCE UNDER SECTION 3 OF TRADE AND BUSINESS LICENSING LAW (2019)

SELF-EMPLOYMENT VERIFICATION

To be completed and signed by an Attorney-at-Law, Accountant, Director or Manager of a regulated financial institution, Priest, Minister or Teacher

Date: _____

JN Cayman
29 Elgin Avenue
P.O. Box 504
Grand Cayman KY1-1106
CAYMAN ISLANDS

Dear Sir/Madam,

I declare that Mr./Mrs./Miss/Ms/Dr

(enter applicant's name)

of _____

(enter applicant's address)

has been personally known to me for the past _____ years/months.

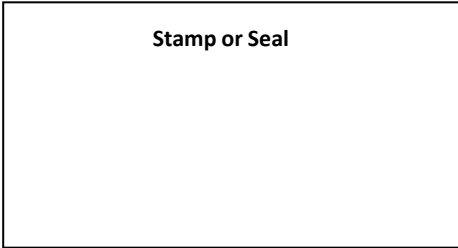
He/she is self-employed as: _____

(Please explain the nature of the applicant's self employment)

and has been operating in this capacity since _____ while earning an average monthly income of \$ _____

Yours truly,

(Referee's Signature)



NAME OF REFEREE: _____

ADDRESS: _____

OCCUPATION: _____

TELEPHONE#: _____

**AUTHORITY AND INDEMNITY
FOR ELECTRONIC MAIL and FACSIMILE INSTRUCTIONS**

THIS DEED OF AUTHORITY AND INDEMNITY is made this _____ day of _____, 20____,

BETWEEN _____

of _____

(hereinafter called “the Customer”) of the FIRST PART,

and **JN CAYMAN**, with registered office situated at 29 Elgin Avenue, George Town, Grand Cayman, (hereinafter called “the SOCIETY”) of the OTHER PART.

WHEREAS:

The Customer has requested that the Society honour his/her instructions sent by means of electronic mail and facsimile transmission to the Society from time to time in relation to any and all of the Customer’s existing accounts, facilities and other arrangements with the Society and any accounts, facilities and other arrangements which the Customer may now or in the future have with the Society (instructions sent by such transmissions being hereinafter referred to as “electronic mail or facsimile instructions”).

IN CONSIDERATION of the Society agreeing to accept electronic mail or facsimile instructions from the Customer as aforesaid, the Customer agrees:

1. that the Society may act on any electronic mail or facsimile instructions given by the Customer from time to time, and the Customer voluntarily and with full knowledge takes and assumes any and all risks, associated therewith;
2. that once electronic mail or facsimile instructions have been sent to the Society purportedly by an officer of the customer authorised from time to time to sign in accordance with the mandate or other valid instructions from the Customer to the Society, the Society shall have no obligation to check or verify the authenticity or accuracy of such electronic mail or facsimile instructions purporting to have been sent by the Customer (regardless of whether the Society in the past may have chosen, or may in the future choose to so check or verify) and may act thereon as if same had been duly given by the Customer.
3. that in acting on electronic mail or facsimile instructions the Society shall be deemed to have acted properly and to have fully performed all obligations owed to the Customer, notwithstanding that such electronic mail or facsimile instructions may have been initiated, sent or otherwise communicated in error or fraudulently, and the Customer shall be bound by such electronic mail or facsimile instructions if the Society has in good faith acted in the belief that such electronic mail or facsimile instructions were given by the Customer;

4. the Customer shall not provide the Society with written instructions bearing original signature(s) where prior instructions to effect the same transaction have been sent to the Society by electronic mail or facsimile. The Customer acknowledges that where electronic mail or facsimile instructions are followed by subsequent written instructions bearing original signature(s) contrary to the above, this may lead to the Society giving effect to these instructions more than once. The Customer acknowledges that in such event he/she shall bear the risk of such duplication occurring and shall indemnify and hold the Society harmless against all losses, liabilities, claims or damages which may arise as a result of the Society acting more than once on such duplicated instructions;

5. that the Society may, in its absolute discretion, decline to act on or in accordance with the whole or any part of electronic mail or facsimile instructions pending further enquiry to or further confirmation by the Customer, so however that the Society shall not be under any obligation to so decline in any case, and the Society shall in no event or circumstances be liable in any respect for not so declining; and

6. to release the Society from and indemnify the Society against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, the Society having acted in accordance with the whole or any part of any electronic mail or facsimile instructions or having exercised (or failed to exercise) the discretion conferred upon the Society in Clause 5 above.

Dated this..... day of 20.....

SIGNED, SEALED AND DELIVERED)
 by the said)
)
 in the presence of:-)

.....
 ATTORNEY-AT-LAW/JUSTICE OF THE PEACE/NOTARY
 PUBLIC/ JN REPRESENTATIVE

FOR JN CAYMAN USE ONLY Authenticated by <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Authorised Signatory
