CORPORATE CLIENT INFORMATION FORM

All information given on this form is mandatory and is required pursuant to the anti-money laundering, counter-terrorist financing and counter-proliferation financing (AML/CFT/CPF) laws of Jamaica.

IMPORTANT NOTES AND GUIDELINES

Please complete this form in ENGLISH and in BLOCK LETTERS if it is not typed.

(1) This form is intended to collect the information and documents required for Know Your Client (KYC) compliance. We reserve the right at any time to request additional information necessary to comply with the Proceeds of Crime Act (POCA), the Terrorism Prevention Act (TPA) and the United Nations Security Council Resolutions Implementation Act (UNSCRIA). An overview of these requirements is available on the website of the General Legal Council at https://www.generallegalcouncil.org/poca/overview.

(2) You are required to provide the Certificate of Incorporation or Certificate of Registration, stating the entity's full name and country of incorporation, and, where applicable, the Certificate of Registration under the Registration of Business Names Act.

(3) You are required to provide the Articles of Incorporation or, for companies incorporated before the Companies Act 2004, the Memorandum and Articles of Association, or the Partnership Deed, as applicable.

(4) You are required to provide a directors' resolution authorising the company's management to engage in the transaction, together with the most recent annual return filed with the Registrar of Companies.

(5) Where the principal line of business falls under a regulatory or supervisory body, you are required to provide a copy of the licence or approval to operate.

(6) You are required to provide an original or certified copy of a document confirming the physical address of the entity, dated no earlier than three months before the date on which the documents at (2) above are provided.

(7) This office will retain a photocopy of your original documents after viewing them, and will note on the copy that the original was viewed, together with the date and signature of the person who viewed it.

(8) Where originals are not viewed by the attorney, all copy documentation, including but not limited to photocopied identification and proof of address, must be certified as a true copy of the original by a Notary Public, Clerk of the Courts, Consular Officer, Attorney-at-Law, Registered Accountant, Justice of the Peace or Commissioner of Oaths. The certifier should sign the copy, print his or her name, contact details and position, and affix an official seal where one is held.

(9) The return of this completed form by email or by any other means, and reliance on it by this office, shall constitute and be treated as responses and representations duly made by the client, notwithstanding that the form may not be signed when returned.

This form is issued by the General Legal Council as a standard to assist attorneys-at-law in meeting their customer due diligence obligations. Its use is not mandatory. An attorney may design and use an alternative form, provided that it captures the information required under the Proceeds of Crime Act, the Terrorism Prevention Act, the United Nations Security Council Resolutions Implementation Act and their attendant regulations.

CORPORATE CLIENT DETAILS

Legal Name:		
Trading Name (if different from the legal name):		
Entity Type: ☐ Company ☐ Partnership ☐ Association		☐ Local Entity ☐ Overseas Entity
Registered Address:		
Principal Business Address (if different):		
Mailing Address (if different):		
Tax Registration No. (TRN/SSN/SIN):	Date of Incorporation (DD/MM/YY): ▼ ▼ ▼	
Country of Incorporation:	Registration No.:	No. of Directors:
Landline:	Mobile:	Fax:
Email Address:		

DIRECTORS' INFORMATION

Director 1	**Director 2**
Full Name:	Full Name:
Address:	Address:
Nationality:	Nationality:
ID Type & No.:	ID Type & No.:
Country Issued:	Country Issued:
Expiry Date:	Expiry Date:
Director 3	**Director 4**
Full Name:	Full Name:
Address:	Address:
Nationality:	Nationality:
ID Type & No.:	ID Type & No.:
Country Issued:	Country Issued:
Expiry Date:	Expiry Date:

Shareholders and directors holding 10% or more of the company's voting rights

Full Name	**Address**	**Nationality**	**Shares (%)**

SENIOR MANAGER(S) PARTICULARS

Senior Manager 1	**Senior Manager 2 (if applicable)**
Full Name:	Full Name:
Address:	Address:
Nationality:	Nationality:
ID Type & No.:	ID Type & No.:
Country Issued:	Country Issued:
Expiry Date:	Expiry Date:

TRANSACTION PARTICULARS — TICK WHERE APPLICABLE

☐ Purchasing or selling real estate	**Value of Transaction:**
☐ Managing money, securities or other assets	
☐ Managing bank accounts, savings accounts of any kind, or securities accounts	**Amount in Words:**
☐ Organizing contributions for the creation, operation or management of companies	
☐ Creating, operating or managing a legal person or legal arrangement (such as a trust or settlement)	**Brief Details of the Transaction:**
☐ Purchasing or selling a business entity	
☐ Other (please specify):	

SOURCE OF FUNDS

Please indicate how the entity intends to finance this transaction. If more than one source is to be used, state the percentage and origin for each source below.

%	SOURCE	ORIGIN		
%	Savings from Profit	Institution:	Address:	Amount:
%	Mortgage / Equity	Institution:	Address:	Amount:
%	Investment(s)	Institution:	Address:	Amount:
%	Business Loan	Institution:	Address:	Amount:
%	Other (specify):	Institution:	Address:	Amount:

SOURCE OF WEALTH

Please indicate how the entity acquired its wealth. If wealth was accumulated from more than one source, state the percentage for each source below.

%	SOURCE	REQUIRED INFORMATION		
%	Profit from business transactions	$0 – $10M	$10M – $20M	Over $20M
%	Proceeds from investment	☐ $0 – $10M	☐ $10M – $20M	☐ Over $20M
%	Other (specify):	$0 – $10M	$10M – $20M	Over $20M

CORPORATE / CONSTITUTING DOCUMENTS — TICK THOSE PROVIDED

- ☐ Certificate of Incorporation / Registration
- ☐ Memorandum and Articles of Association
- ☐ Articles of Incorporation
- ☐ Form 23 (change of director only)
- ☐ Partnership Agreement
- ☐ Other constituting document (specify):

AFFILIATIONS — POLITICALLY EXPOSED PERSON (PEP)

Do any of your named directors or shareholders hold a prominent public position, such as a Head of State or Government, a member of any House of Parliament, a Minister of Government, a member of the judiciary, a military official above the rank of captain, an Assistant Commissioner of Police or higher officer, a Permanent Secretary, a Chief Technical Director, a chief officer in charge of a Ministry, Department of Government, executive agency or statutory body, a director or chief executive of any company in which a government holds a controlling interest, an official of any political party, or any person who now holds or has formerly held a senior management position in an international organisation?

☐ **Yes** ☐ **No**

If yes, state the name of the director and the name and address of the spouse and children below (attach a page if needed)

Name of Director 1:	
Name of Spouse:	Address:
Name of Child:	Address:
Name of Child:	Address:
Name of Director 2:	

Name of Spouse:	Address:
Name of Child:	Address:
Name of Child:	Address:

"Spouse" includes a common-law husband or wife. "Children" includes step-children and adopted children.

I declare that the information given above is correct to the best of my knowledge and belief, and that any misrepresentation may void this business arrangement.

Client's Signature (Director / Senior Manager) **Date (DD/MM/YY)**

Type your name above, or use the Fill & Sign tool in your PDF reader to draw or insert a signature image.

AGENT — COMPLETE THIS SECTION ONLY IF AN AGENT IS COMPLETING THE FORM ON BEHALF OF THE CLIENT

In instructing us, will you be acting on the directions or instructions of any other person? **Yes** **No**

If yes, please provide your particulars below and tick the appropriate evidence of the agent's authority

Name:	**Evidence of authority:**
Address:	Power of Attorney Court Order
Occupation:	Trust Deed Authorisation Letter
Date of Birth (DD/MM/YY):	ID Type & Number:
Gender: Male Female	TRN:

I declare that the information given above is correct to the best of my knowledge and belief, and that any misrepresentation may void this business arrangement.

Agent's Signature **Date (DD/MM/YY)**

Type your name above, or use the Fill & Sign tool in your PDF reader to draw or insert a signature image.

FOR INTERNAL USE ONLY

Supporting documents	YES	NO	N/A
Name of responsible attorney:			
Were the company documents presented?			
Was a copy of each director's ID presented?			
Was proof of address presented?			
Are you satisfied that all supporting documentation is at hand?			
Was a search conducted at the Companies Office of Jamaica in relation to an overseas company?			
Assessment	**YES**	**NO**	**N/A**
Did you conduct the relevant sanctions screening?			
Did the search yield a result?			
Did you complete the risk assessment questionnaire?			
Have you applied enhanced due diligence?			

I declare that the information given above has been verified against original documents, or certified copies where applicable, to ensure the veracity of the information provided.

Signature of Nominated Officer **Date (DD/MM/YY)**

Declaration of the responsible attorney after conducting enhanced due diligence for a high-risk client:

I hereby declare that I have verified the information provided and am satisfied to proceed with this business relationship.

Responsible Attorney's Signature **Date (DD/MM/YY)**

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