INDIVIDUAL 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 a copy of a current passport and/or other valid government-issued photographic identification ("ID") showing your nationality and your date and place of birth. Clients who reside outside Jamaica must provide at least two forms of ID.

(3) You are required to provide your Tax Registration Number (TRN) or other government-issued identification number, such as a Social Security Number (SSN).

(4) You are required to provide an original or certified copy of a document confirming your physical address, dated no earlier than three months before the date on which the documents at (2) above are provided. Acceptable documents include a utility or telephone bill, a bank reference or bank statement, a proof of address letter issued by a Justice of the Peace or Notary Public, or an official letter mailed to you by a government agency or authority.

(5) 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.

(6) 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.

(7) 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.

CLIENT PERSONAL DETAILS

Last Name:	First Name:
Middle Name:	Other Names (including aliases):
Mother's Maiden Name:	Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Dr
Date of Birth (YY/MM/DD):	Place of Birth:
Nationality:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
Tax Registration No. (TRN/SSN/SIN):	Occupation:
Place of Employment:	Work Address:
Nature of Business (if self-employed):	

CONTACT INFORMATION

Residential Address:			
Mailing Address (if different):			
Previous Address (if resident at the current address for less than five years):			
Home:	Mobile:	Work:	Fax:
Email Address:			

IDENTIFICATION (ID) — TICK THE APPROPRIATE BOX AND PROVIDE THE DETAILS

Driver's Licence ☐	**National Identification Card** ☐
Number:	Number:
Country Issued:	Country Issued:
Expiry Date:	Expiry Date:
Passport ☐	Other (please state):
Number:	Number:
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 you intend to finance this transaction. If you intend to use more than one source, state the percentage and origin for each source below.

%	SOURCE	ORIGIN		
%	Savings / Salary	Institution:	Address:	Amount:
%	Mortgage	Institution:	Address:	Amount:
%	Investment(s)	Institution:	Address:	Amount:
%	Personal Loan / Equity	Institution:	Address:	Amount:
%	Other (specify):	Institution:	Address:	Amount:

SOURCE OF WEALTH

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

%	SOURCE	REQUIRED INFORMATION
%	Income from employment	Annual Salary: ☐ $0 – $5M ☐ $5M – $20M ☐ Over $20M
%	Income from self-employment	Annual Income: ☐ $0 – $5M ☐ $5M – $20M ☐ Over $20M
%	Investment	☐ $0 – $10M ☐ $10M – $20M ☐ Over $20M
%	Property sale	☐ $0 – $10M ☐ $10M – $20M ☐ Over $20M
%	Inheritance	☐ $0 – $10M ☐ $10M – $20M ☐ Over $20M
%	Other (specify):	☐ $0 – $10M ☐ $10M – $20M ☐ Over $20M

AFFILIATIONS — POLITICALLY EXPOSED PERSON (PEP)

Are you, or is any close relative or close associate of yours, affiliated with 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, give the name and address of your spouse and children below

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

"Spouse" includes a common-law husband or wife. "Children" includes step-children and adopted children. A close relative includes a parent, brother, sister, or an in-law of you or your children. A close associate includes a person with whom you are socially, commercially or professionally connected.

If a close relative or close associate, please provide the information below (attach a page if needed)

Name:	Name:
Position:	Position:
Relationship:	Relationship:

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 **Date (YY/MM/DD)**

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 (YY/MM/DD):	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 (YY/MM/DD)** _____

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:			
Was a valid ID presented?	☐	☐	☐
Was a certified copy of the ID presented? (non-face-to-face clients only)	☐	☐	☐
Was proof of address presented?	☐	☐	☐
Are you satisfied that all supporting documentation is at hand?	☐	☐	☐
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 (YY/MM/DD)** _____

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 (YY/MM/DD)** _____

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