



CUSTOMER INFORMATION FORM

Applicant: Individual Corporate

APPLICANT DATA

Gender: Male Female Title: Mr. Ms. Mrs. Dr. Other

Business Individual Minor Legal Guardian Name of Legal Guardian: _____

How Did You Hear About Us? _____ No. of Children: _____

First Name: _____ Middle Name: _____ Last Name: _____

Trading Name: _____

Legal Entity Name (If different): _____

Tax Identification Number (TIN) Type: TIN Number: _____ TRN Social Security

Individual Taxpayer ID Employer ID _____

Business/Home Address (include Postal Code if applicable) Country Since (Dd/Mm/Yyyy)

Previous Address if Business/Home address is less than 5 years Country

Mailing Address if different from above (include Postal Code if applicable) Country

Country of Incorporation Sector

Land Line Number (Include Area Code) Fax (Include Area Code)

Cellular Phone (Include Area Code) Alternate Cellular Phone (Include Area Code)

E-mail Address Alternate Email Address Website Address

Identification Information (for Individuals only)

Date of Birth (dd/mm/yyyy) Country of Birth Country of Citizenship Nationality

Choose one form of Identification and enter the ID Number

Driver's Licence National ID Passport Birth Certificate (Minors Only)

ID Type No. _____ ID Country Of Issue _____ ID Expiry Date (Dd/Mm/Yyyy) _____

Jamaican Resident Non Resident Please State Country of Residency If Non Resident: _____

Resident Country Since What Date (Dd/Mm/Yyyy): _____ Are you a US Citizen or Green Card holder? Yes No



Marital Status: Married Single Widow/Widower Divorced **Mother' s Maiden Name** _____

Next of Kin Relationship _____ **Name** _____ **Contact No. (Include Area Code)** _____

Employment Information

Employment Type: Unemployed Self Employed Retired Student

Name of Employer: _____

Address of Employe: _____

Type of Business: _____ **Occupation:** _____ **Country:** _____

Designation / Job Title: _____ **Designation since (Dd/Mm/Yyyy)** _____ **Tenure (No of Years)** _____

Employer Landline: _____ **Employer Mobile** _____ **Fax Number** _____

Employment Email Address: _____

Current Banking Relationships: _____

Choose an area(s) of interest in our company

Credit Services Estate Planning Corporate Services Investment Services Property Services

Do you know anyone else like you who would be interested in our superb offerings?

Ref 1 Credit Services Estate Planning Corporate Services Investment Services

Ref 1 Credit Services Estate Planning Corporate Services Investment Services

Name: _____

Name: _____

Telephone No: _____

Telephone No: _____

Cell #: _____

Cell #: _____

Employer: _____

Employer: _____

Email Address: _____

Email Address: _____

Ref Comment: _____

Ref Comment: _____



Politically Exposed Persons: Are any of the account holders, signatories, or their immediate family members (parents, siblings, spouse, children, & or in-laws); a current or former senior official in the military, executive, legislative or administrative arms of government, or judiciary of your country of residence or a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by your country of residence or a foreign government?

No Yes, Please provide details:

Annual Income (Individuals Only)

Up to J\$500,000 J\$500,001- J\$1.5 Million J\$1, 5, 00,001-J\$3 Million J\$3,000,001-J\$4.5 Million
 J\$4,500,001-J\$7 Million Over J\$7 Million

SHARING INFORMATION

I understand and agree that the information I provide in this form and from time to time, including information regarding my accounts and business transactions with you (Customer Information) may be used (1) to confirm my identity; (2) to augment and update currently held information; (3) to provide me with accurate and up-to-date services; (4) to manage and assess the company's risks; (5) to satisfy information requests; and (6) to meet legal and regulatory requirements. I further understand and agree that my Customer Information may be shared within the Company which includes its parent, subsidiaries, associated companies and affiliates, with third party service providers, credit bureaus and regulators in and outside of the jurisdictions in which First Aid Financial Consultants does business for the purposes above and as may be required by law. I hereby warrant that the information provided herein is accurate and consent to the sharing and disclosure of my Customer Information for the purposes provided herein and as First Aid Financial Consultants may require from time to time.

Name (DD/MM/YYYY)	Authorized Signature	Title	DATE:

Witnessed by (DD/MM/YYYY) <i>Justice of the Peace/Notary Public/Customer Service Rep</i>	Authorized Signature	Title	DATE: