AUTHORIZATION & CONSENT FORM

COMPLIANCE & DATA PROCESSING (POCA/KYC)

CLIENT NAME: _____

DATE OF BIRTH: _____   TRN: _____

1. POCA MANDATE (KNOW YOUR CUSTOMER)

In accordance with the **Proceeds of Crime Act (POCA)**, I hereby authorize Docu-Hub Operations Services to verify my identity and the legitimacy of the documents provided. I certify that all information provided is true and that the funds used for any administrative disbursements are not the proceeds of any criminal activity.

2. CONSENT TO DATA PROCESSING

I grant express consent to Docu-Hub Operations Services to:

- Process my sensitive personal data for the sole purpose of executing government logistics.
- Share my identification with relevant government agencies as required by law.
- Retain my records under the "Dual-Clock" privacy framework (30-day purge / 7-year statutory log).

3. INDEMNITY

I agree to indemnify and hold harmless Docu-Hub Operations Services and its Principal from any delays or discrepancies caused by the Registrar General's Department, Tax Administration Jamaica, or any other third-party government entity.

DECLARATION

I have read and understood the scope of this engagement. I understand that Docu-Hub is a private administrative agency and not a legal representative.

Client Signature_____   Date_____

INTERNAL USE ONLY:

[ ] ID Verified (Type: _____)

[ ] TRN Verified

[ ] Strategy Session Completed