

Customer Information
Title: Mr Miss Mrs Other

Suffix: Jr. Sr. Other

Last Name:
First Name:
Middle Name:
Maiden Name:
Gender: Male Female

Status: Single Married

 Widowed Divorced

Alias /
Pet Name:
Place of Birth:
Date of Birth:

(YYYY/MM/DD)

Nationality:
**Country
of Residence:**
Are you a green card holder?
 Yes No

Contact Number:
Mobile:
Email:
Personal:
Work:
Business:
Other:
Business Fax:
Business:
Home Address:
Street Address:
Mailing Address: (if different from home address)

Street Address:
Street Address:
Street Address:
Sector:
Sector:
City / Town:
City / Town:
Residential Area / District:
Residential Area / District:
Post Office / Zip Code:
Post Office / Zip Code:
Province / State / Parish / County:
Province / State / Parish / County:
Country:
Country:
Address Status: Family Rent Own Other

Proof of Address: Cable / Utility Bill Bank / Credit Card Statement National ID Property Tax Receipt

 JA Bank Verification form Rent Receipt / Copy of Lease Agreement

How long have you resided at current address? 0-4 years 5 or more years

Previous Address (if at current address less than 3 years):
In Care of Address:
Street Address:
Street Address:
Street Address:
Street Address:
Sector:
Sector:
City / Town:
City / Town:
Residential Area / District:
Residential Area / District:
Post Office / Zip Code:
Post Office / Zip Code:
Province / State / Parish / County:
Province / State / Parish / County:
Country:
Country:

Identification

Identification Type: Driver's Licence Passport National ID Birth Certificate (0-11 years)

Student ID

Other (*Insert Type*)

ID Number:

Date of Issue:
(YYYY/DD/MM)

Date of Expiry:
(YYYY/MM/DD)

Issuing Country:

Reference Type: TRN SSN SIN TIN NIN

Reference Number:

Have you spent six or more months in the U.S within
the last three (3) years? Yes No

FOR OFFICIAL USE ONLY:
I have seen customer's SSN, SIN, TIN, NIN:

Mother's Maiden Name:

Yes No

Employment

Employment Status: Employed Unemployed Student Self-employed Retired

Place of Employment: **Occupation:**

Employment Category: Clerical Supervisor Asst Manager Manager Executive Other

Employment Country: **Previous Employer:**

(if less than 3 years at present employment)

Employer's Address

Street Address: Residential Area / District:

Street Address: Post Office / Zip Code:

Sector: Province / State / Parish / County:

City / Town: Country:

Referee(s)

(Please see the list of qualified referees on the Account Opening Checklist)

Referee 1

Name:

Position:

Street Address:

Street Address:

Contact Number:

A JN Member? No Yes

Referee 2

Name:

Position:

Street Address:

Street Address:

Contact Number:

A JN Member? No Yes

How long have you been known to this person?

Year(s) Month(s)

How long have you been known to this person?

Year(s) Month(s)

Financial Information

Initial Deposit Information

Currency Type: JMD

Initial Deposit Amount: \$

Currency Type: USD

Initial Deposit Amount: \$

Currency Type: GBP

Initial Deposit Amount: \$

Currency Type: CAD

Initial Deposit Amount: \$

Source of Funds: Salary Pension Payment Income from Investment Income from Business Activity

Remittance Other

(Please state)

Income InformationIncome Currency: JMD USD GBP CADAnnual Gross Income:\$ **Future Deposit Information**Currency of Future Deposits: JMDFrequency of Future Deposits: Weekly FortnightlyFuture Deposit Amount: \$ Monthly Other Currency of Future Deposits: USDFrequency of Future Deposits: Weekly FortnightlyFuture Deposit Amount: \$ Monthly Other Currency of Future Deposits: GBPFrequency of Future Deposits: Weekly FortnightlyFuture Deposit Amount: \$ Monthly Other Currency of Future Deposits: CADFrequency of Future Deposits: Weekly FortnightlyFuture Deposit Amount: \$ Monthly Other **Name of Primary Bank:** **Branch:** **Reason for Saving:** **Additional Information**

Do you or any member of your immediate family presently hold or have ever held a prominent public function (whether in Jamaica or any foreign country), such as a Head of State, Head of the Opposition Political Party, Member of Parliament, Senior Member of the Judiciary, Head of the Military or Police Force, CEO of a Statuary Body / Government Body or Agency?

 No Yes If yes, please state:

Are you a personal / professional associate of any of the foregoing public officials?

 No Yes If yes, please state: **Kindly provide the following information so we can serve you better**

Existing Account Type (Tick one)	Account Number	Name of Joint Account Holder (if any)
<input type="radio"/> Savings <input type="radio"/> CD <input type="radio"/> Loans	<input type="text"/>	<input type="text"/>
<input type="radio"/> Savings <input type="radio"/> CD <input type="radio"/> Loans	<input type="text"/>	<input type="text"/>

By submitting this application, I agree to the following:

1. I / We understand and agree that by opening an account with JN Bank Limited I / We become a shareholder of The Jamaican National Group Limited (JN Group Ltd) and my / our contact information will be shared with JN Group Ltd for the purpose of communicating with its shareholders.

2. I / We agree that JN Bank may record and store all information to my / our account in such form and by such means as it deems fit. JN Bank may use the services of any of its subsidiaries and affiliates or any electronic data processing services bureau or organization in connection with the keeping of my / our account.

3. I / We hereby consent to the sharing of information with such subsidiaries and affiliates or any electronic data processing service bureau or organization for the purpose of processing information relating to my / our account, providing contingency backup of data, or any other proper banking purpose. In such case JN Bank will not be liable to me / us by reason of any act, delay or omission of such service bureau or organization in the performance of the services required of it.

4. Whether or not credit is granted, I / we consent to JN Bank exchanging information with other parties, other agents, including JN Bank associates overseas, contractors, concerning my / our credit, income and / or employment history. Further I / we agree that JN Bank may share information about my account through

licensed credit reference agencies and other financial institutions. The consent to this sharing of information is for the information to be used for the purposes of facilitating lending decisions, preventing fraud and is limited to as far as is permissible under applicable law.

5. JN Bank will not be liable for any costs, damages, demands or expenses I / we may incur due to JN Bank acting or failing to act upon my electronic instructions, except for the Bank's gross negligence or willful misconduct.

6. I / We agree to indemnify and hold harmless JN Bank against any claims, damages, demands and expenses that the Bank incurs (other than its own gross negligence or willful misconduct) including among other things, all legal fees and expenses arising from JN Bank acting or declining to act, on any of my / our instructions herein.

7. I / We agree that the account is for the sole benefit of the account holder(s) and will not be used for any third parties.

8. JN Bank reserves the right, in its sole discretion and without giving reasons, to terminate an established business relationship where JN Bank forms the view that continuing with the relationship exposes it to legal, reputational or other risks.

9. I / We certify that the information provided in this Application is accurate and correct to the best of my knowledge and that I / we have read, understand and accept the Terms and Conditions outlined herein.

10. I/We certify that I/we have received, read and accept the "JN Bank Limited's Terms and Conditions (Personal)" which shall govern this account to the extent the terms and conditions herein are silent.

No Yes **I wish to receive emails for JN Bank marketing promotions.**

No Yes **I consent to my contact information being shared with other member companies of the JN Group of companies for the purposes of receiving marketing promotions from those companies.**

Customer's Signature:

Date:

(YYYY/DD/MM)

FOR INTERNAL USE

Account Created By:

Branch:

RIM #

(for account opened) Date account was opened:

(YYYY/DD/MM)

Name of JN Bank Rep:

Signature:

Checked/ Authorized By:

Name of JN Bank

Authorizing Officer:

Signature:

Date:

(YYYY/DD/MM)