

**BPM FINANCIAL LTD.
CLIENT ACCOUNT APPLICATION FORM - COMPANY
INVESTMENT**

Note: BPM Financial Limited ("BPM/the Company") hereby confirms that, as from the opening date specified below, the Company has opened an investment account in the name of the Institution specified below and having the account number specified above and has credited thereto the Initial Investment Amount specified below, which is governed by the terms and conditions as set out in the BPM's Client Account Opening Agreement.

Date of Incorporation: _____

Type of Business: _____

Parish of Incorporation: _____

Club/Society Corporation Gov. Organization

TRN#: _____

Limited Liability Co. Non-Profit Organization

Nature of the Business: _____

Partnership Professional Organization

Legal Name: _____

Sole Proprietor Other.....

Trade Name: _____

Mailing Address: _____

Business Address: _____

Telephone: _____

E-mail: _____

Banking Information and Payment Instructions

Institution's Bank: _____

Branch: _____

Pay to Bank Account Number: _____

Bank Telephone#: _____

Pay all/portion of interest

Pay all/portion of principal

Roll until further instructions

Percentage to be paid: _____% **OR Fixed sum to be paid** _____

Directors

Valid I.D. to be submitted for each Director

Name of Directors and Officers & Specimen Signature of Individuals Authorized to transact business on behalf of Corporation/Partnership/Fund

Name _____ Signature _____ TRN _____

Name _____ Signature _____ TRN _____

Name _____ Signature _____ TRN _____

Name _____ Signature _____ TRN _____

Authorized Signatories: Any one signatory Any two signatories Other _____

Initial Declaration of Source of Funds:

I hereby declare that the source of the funds that I/we shall be depositing into my/our account is/are (*Tick as appropriate*):

Salary Business Income Dividend Interest Savings Sale of Property

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Other (Provide details)

By signing this form, I/we further confirm that these funds are derived from legitimate sources as stated above and that I/we will also provide the required evidence of the source of funds, if necessary. I/we am/are also authorizing BPM Financial Limited to disclose any information, as it may deem necessary, to the relevant Money Laundering Prevention and Regulatory Bodies, to ensure that BPM is compliant with money laundering & counter financing of terrorism legislation.

Politically Exposed Persons (PEP) or Public Figures

General	Declaration of PEP Directors/Signing Officers
i. Do you, or any other Directors or any of yours/their immediate family or close associates, currently serve or previously served in the capacity of an official/senior official in the administrative, legislative, or executive division of the government, military, or judiciary of your country of residence or any other foreign country government? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state in what capacity? _____	i. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No iii. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No iv. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state in what capacity? _____
i. Do you, or any other Directors or any of yours/their immediate family or close associates, currently serve or previously served in the capacity of an assistant commissioner or higher of the police force or a senior executive of a state-owned company of your country of residency or a foreign government? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state in what capacity? _____	i. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No iii. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No iv. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state in what capacity? _____

Foreign Account Tax Compliance Act (FATCA) Certification

Please tick either (A), (B), or (C) below and complete as appropriate.

Directors/Signing Officers Declaration as appropriate

<input type="checkbox"/> (A) I confirm that my Director (s) is/are U.S. Citizen (s) and/or resident in the U.S for tax purposes (green card holder or resident under the substantial presence test) and their U.S. federal individual taxpayer identifying number (U.S. SSN/EIN/ITIN) is as follows:	i. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. SSN/EIN/ITIN? _____
	ii. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. SSN/EIN/ITIN? _____
	iii. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. SSN/EIN/ITIN? _____
	iv. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. SSN/EIN/ITIN? _____
	If yes, please state U.S. SSN/EIN/ITIN, above
<input type="checkbox"/> (B) I confirm that my Director (s) was/were born in the U.S. (or a territory) but is/are no longer a U.S. citizen as he/she has voluntarily surrendered my citizenship as evidence by the attached documents.	i. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	iii. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	iv. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please state U.S. SSN/EIN/ITIN, above
<input type="checkbox"/> (C) I confirm that my Director (s) is/are not a U.S. citizen or resident in the U.S. for tax purposes.	i. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	iii. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	iv. Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please state U.S. SSN/EIN/ITIN, above

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Directors are to complete this section if they have non-U.S. tax residencies

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country)

Country/Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

Name & Specimen Signature of Individuals Authorized to transact business on behalf of Corporation/Partnership/Fund

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Authorized Signatories: Any one signatory Any two signatories Other

Declaration, Undertaking, and Consent

NB: 1. Valid ID to be submitted for each individual 2. Company stamped to be affixed

- I/We hereby certify that BPM Financial Limited is authorized to deal with each Authorized Officer to accept all orders for purchases and sales and all instructions given verbally or in writing by him or her on behalf of the Company without further inquiry as to his or her authority; to receive any funds, securities or other property for the account of the company; to honor written instructions from each authorized person to deliver either in bearer form, in street certificates, in any names or any other manner any funds, securities or property held for the account of the company.
- I/We declare that the information provided in this form is to the best of my/our knowledge and belief, accurate and complete.
- I/We undertake to advise BPM Financial Limited promptly and provide an updated Self-Certification of Residency Form within 30 days where any change in circumstances occurs, which causes any of the information contained in this form to be inaccurate or incomplete.
- Where legally obliged to do so, I/We hereby consent to BPM Financial Limited sharing (whether directly or indirectly) information contained in this form and/or a copy of this form with the TAX ADMINISTRATION JAMAICA (TAJ).

Director's Signature Witness Date

Director's Signature Witness Date

Company Secretary's Signature Witness Date

NB: Spouses or joint account holders should not witness each other's signatures. The witness should be a BPM Financial Ltd. Staff member. Justice of the Peace, Attorney at Law or Notary Public.

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CLIENT RISK APPETITE & INVESTMENT PROFILE

The products offered to investors are classified in the range of low risk, medium risk, and high risk. While diversifying your portfolio can reduce some risk, there is still some possibility of principal loss. Instructions may be given regarding transactions on the account. If it's of BPM's opinion that carrying out particular instructions will not be suitable to the investor and if the investor wishes to still proceed, this instruction should be obtained in writing from the investor.

RISK PROFILE: Conservative (low) Moderate (medium) Aggressive/Speculative (high)

Conservative: Cautious, having a risk-averse investment strategy that has preservation of capital as a high priority.

Moderate: Willing to accept some risk for a potential higher rate of return.

Aggressive: An investment strategy characterized by a willingness to accept above-average risk in pursuit of above-average returns.

What type of investments do you presently have? Fixed Income Equity Real Estate

INVESTMENT EXPERIENCE: State number of years of investing in:

Equities _____ Bonds _____ Real Estate _____

RETURN OBJECTIVE: (Select One)

Current Income Current Income and Capital Appreciation Capital Appreciation

How did you learn of BPM Financial? Press Mello RJR Love 101 TV Recommendation Sales Person Website

BPM Financial Limited reserves the right to reject any application. The grounds for rejection will be communicated to the applicant. BPM Financial Limited will at its sole discretion, close any account suspected to be operated for the purpose of money laundering, or supporting any illegitimate enterprises or which fails to provide mandatory information requested within 45 days of opening or falsifies mandatory information or whose continued operations compromise the values of BPM Financial Limited, its rules, and governing regulations.

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Copy TRN Proof of Address Valid I.D. for each Director¹ Yes No

Account Number assigned _____ FATCA Self-Certification Form

Account Type _____ Politically Exposed Declaration

References (two) for each **Sole Proprietors** TCC: Yes No

Audited Financial Statement of Business or Bank Statement² Yes, No Business Registration Certificate: Yes No

Initial Investment: _____ Investment Rate: _____

Annual Return - Most current Yes No N/A

Letter on the company letterhead stating the authorized signatories for the account with specimen signatures and a list of all Directors.
 Yes No N/A

Board Resolution for investment as evidence of the authority to enter into the business relationship and authorizing the account signatories. Yes No N/A

Articles of Incorporation. Yes No N/A

Certificate of Incorporation or Certificate of continuance. Yes No N/A

Notice of Address of Registered Office. Yes No N/A

Notice of Change of Directors (where applicable). Yes No N/A

Articles of Continuance (applicable, only if Companies incorporated before April 1997). Yes No N/A

Certificate of Continuance (applicable only if Companies incorporated before April 1997). Yes No N/A

Notice of Secretary (Form 23) Yes No N/A

AML/CFT Assessment

Has the applicant's and Director's name been checked against the list of known and suspected terrorists or blocked persons and entities?
 Match No Match. *If there is a match, complete the Unusual/Suspicious Activity Report and submit it to the Compliance Officer.*

Is the Applicant a High-Risk³ individual? Yes No

Note for file: _____

Financial Advisor: _____ Date: _____
 Name Signature

Checked by: _____ Date: _____
 Name Signature

Approved by: _____ Date: _____
 Name Signature

¹ Directors and other Officers of a Company - One (1) form of picture identification (which indicates nationality) should be obtained for all Directors, Company's Secretary, Beneficial Owners, Partners, Owners and Authorized Signatories.

² Audited Financial Statements- for the last 3 financial years or management accounts for self-employed persons and businesses which have been in operation for more than three years; or three-year estimates of income for self-employed persons and businesses which have been in operation for less than three years. (For self-employed persons-six months, bank statement may be requested.)

³ Politically Exposed Persons; and a company having nominee shareholders, or shares held in bearer form et.; etc. See FSC Guidelines, -IER-GUID-19-0001 page 999, October 31, 2019
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