

Client Type: Individual	Account Number:		
Section A. ACCOUNT HOLDER(S) Names of all Account Holders (including Signatories) - List Primary Holder first.	FOR INTERNAL USE ONLY		
	Type of A/c Holder	Client's No.	
	1.	PRIMARY	
	2.		
	3.		
	4.		
5.			

Mailing Address (Refer to the contact information section of the Client Information Form (CIF))

Section B. SIGNING MANDATE FOR ACCOUNT HOLDER(S) Please tick one (1) of the following ¹ : <input type="checkbox"/> Primary Account Holder Only (CATEGORY 1) <input type="checkbox"/> Any Party (CATEGORY 2) <input type="checkbox"/> All Parties (CATEGORY 3)	Section C. INVESTMENT OBJECTIVES Purpose of the account: <input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Wealth Appreciation <input type="checkbox"/> Retirement <input type="checkbox"/> Other: _____
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Section D. BPM ACCOUNT AUTHORITY <input type="checkbox"/> Full Discretion (Client gives full authority to operate account without consultation) <input type="checkbox"/> Partial Discretion (Client must be contacted before each new transaction)	
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Section E. INVESTMENT INFORMATION Amount: \$..... <input type="checkbox"/> JMD <input type="checkbox"/> USD Type of Lodgement: CHEQUE POINT-OF-SALE-MACHINE <input type="checkbox"/> BANK DEPOSIT WIRE TRANSFER OTHER: _____ Source of Funds: <input type="checkbox"/> SALARY <input type="checkbox"/> SAVINGS <input type="checkbox"/> DIVIDEND <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> SALE OF PROPERTY <input type="checkbox"/> INTEREST <input type="checkbox"/> OTHER: _____ _____	Section F. PORTFOLIO DIVISION <table border="1" style="width: 100%;"> <thead> <tr> <th rowspan="2">Portfolio(s)</th> <th colspan="2">CURRENCY</th> <th rowspan="2">% Division</th> </tr> <tr> <th>JMD</th> <th>USD</th> </tr> </thead> <tbody> <tr> <td>FIXED INCOME</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>EQUITY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>BALANCED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>US MAXIMIZER</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>GLOBAL EQUITY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>MANAGED BONDS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>REPOS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Portfolio(s)	CURRENCY		% Division	JMD	USD	FIXED INCOME	<input type="checkbox"/>	<input type="checkbox"/>		EQUITY	<input type="checkbox"/>	<input type="checkbox"/>		BALANCED	<input type="checkbox"/>	<input type="checkbox"/>		US MAXIMIZER	<input type="checkbox"/>	<input type="checkbox"/>		GLOBAL EQUITY	<input type="checkbox"/>	<input type="checkbox"/>		MANAGED BONDS	<input type="checkbox"/>	<input type="checkbox"/>		REPOS	<input type="checkbox"/>	<input type="checkbox"/>	
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¹ **CATEGORY 1** - Only the Primary Account Holder has full access to the account; the Joint Holder has to receive written permission from the Primary Account Holder to transact business on the account. The Primary Account Holder must address the letter to BPM Financial Ltd. ID of the Primary is required.

CATEGORY 2 - Any party to the account can transact business without the signature(s) of the other(s).

CATEGORY 3 - All parties to the account must sign in order to transact on this account).

Please see the **FAQ's** under 'What We Do' on our website for more information on Joint Accounts. BPM FINANCIAL LTD. ACCOUNT APPLICATION FORM | PAGE 1 OF 7

Section G. PROJECTIONS & ACCOUNT FUNDING

ACTIVITIES	CURRENCY	AMOUNT (\$)	FREQUENCY	METHOD OF PAYMENT
Expected Lodgements				

Section H. CORRESPONDENCE DELIVERY

How should your statements and other correspondence be sent? BY POST OFFICE BY E-MAIL

Section I. SPECIAL INSTRUCTIONS

PLEASE SPECIFY ANY ADDITIONAL INSTRUCTIONS:

Section J. POWER OF ATTORNEY (If applicable)

Name of Primary A/c Holder: Authorised by deed dated.....on file.

Section K. CERTIFICATION

To be completed by a Justice of the Peace or Attorney at Law, if this form &/or supporting documents are signed outside the offices of BPM Financial Limited, a Notary Public must certify documents that are signed overseas.

I hereby certify that the signature appearing on this form and on the accompanying documents was affixed in my presence, by the named applicant.			Please place stamp or seal in this box
NAME:	TELEPHONE:	SIGNATURE:	
ADDRESS:		DATE:	

FOR INTERNAL USE ONLY:	SALES BRANCH:	DATE CREATED:
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Note: Joint Holders must complete, sign and provide all required documentation as the Primary Account Holders. See requirements for minors².

PRIMARY ACCOUNT HOLDER

- Employed Unemployed Self-Employed
 Student Retired

JOINT ACCOUNT HOLDER

- Employed Unemployed Self-Employed
 Student Retired

PERSONAL INFORMATION

(Proof of I.D. - Local or International Driver's Licence, or Valid Passport, or National I.D.)

Name _____ / _____ / _____
FIRST MIDDLE LAST
 Mr..... Mrs..... Ms..... Date of Birth _____
 Aliases _____
 Gender _____ TRN _____
 Parish of Birth _____ Country of Birth _____
 Nationality _____ Country of Residence _____
 Mother's Maiden Name _____

Name _____ / _____ / _____
FIRST MIDDLE LAST
 Mr..... Mrs..... Ms..... Date of Birth _____
 Aliases _____ Relationship _____
 Gender _____ TRN _____
 Parish of Birth _____ Country of Birth _____
 Nationality _____ Country of Residence _____
 Mother's Maiden Name _____

CONTACT INFORMATION OF APPLICANT(S)

(Proof required: Utility Bills, Hire Purchase Statement (not older than 3 months), or statement from other regulated Financial Institutions, or an Address Verification Form)

Home/ Permanent Address _____

 Mailing Address _____

 E-mail _____
 Tel: (W) _____ (H) _____ (C) _____

Home/ Permanent Address _____

 Mailing Address _____

 E-mail _____
 Tel: (W) _____ (H) _____ (C) _____

TRUSTED CONTACT PERSON(S) FOR APPLICANT(S)

Name of Contact Person _____
 Relationship _____
 Tel: (W) _____ (H) _____ (C) _____
 Address _____
 Employer _____
 E-mail _____

Name of Contact Person _____
 Relationship _____
 Tel: (W) _____ (H) _____ (C) _____
 Address _____
 Employer _____
 E-mail _____

² Birth Certificate (must have the name of Parent opening the account; or proof of legal guardianship or other); Picture ID; TRN (if available); and School ID (Secondary or Tertiary Education where applicable)

CONNECTED PARTY INFORMATION

1. Are you a Director or Officer of BPM Financial Limited? Yes No
2. Are you a relative, spouse, common-law, parent, sibling, child, step, or adopted child of a Director or Officer of BPM Financial Limited? Yes No | If Yes, Provide details:

EMPLOYMENT INFORMATION

(Proof required- Job Letter (not older than 3 months), or a signed Verification Form for Self-Employment/Unemployment from an authorized person³)

Occupation _____	Years _____	Occupation _____	Years _____
Type/Nature _____		Type/Nature _____	
Employer/Organization _____		Employer/Organization _____	
Emp./Organization Address _____		Emp./Organization Address _____	
E-mail _____		E-mail _____	
Tel: (W) _____ (H) _____ (C) _____		Tel: (W) _____ (H) _____ (C) _____	

Salary Information: Tick average Gross Salary per Month below and state currency

- 0-100,000 100,000-200,000 200,000-300,000 300,000-400,000 400,000-500,000 500,000 or more

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 Financial Limited is compliant with money laundering & terrorist financing legislation.

POLITICALLY EXPOSED PERSONS (PEP) OR PUBLIC FIGURES

PRIMARY ACCOUNT HOLDER	JOINT ACCOUNT HOLDER
<p>i. Do you, or any 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 government? Yes No</p> <p>If yes, please state in what capacity? _____ Relationship: _____</p>	<p>i. Do you, or any 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 government? Yes No</p> <p>If yes, please state in what capacity? _____ Relationship: _____</p>

³ BPM Self-Employment/Unemployment Verification Document for Source of Fund (SOF) Purposes -To be completed by a Justice of the Peace (JP), Notary Public, Minister of Religion, Attorney-at-Law, Superintendent and above or an Elected Representative (Councillor, Member of Parliament (MP) or Mayor) who have personally known the applicant for at least twelve (12) months.

<p>ii. Do you, or any 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 residence or a foreign government?</p> <p style="text-align: center;">Yes No</p> <p>If yes, please state in what capacity? _____</p> <p style="text-align: center;">Relationship: _____</p>	<p>ii. Do you, or any 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 residence or a foreign government?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state in what capacity? _____</p> <p style="text-align: center;">Relationship: _____</p>
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FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CERTIFICATION

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

PRIMARY ACCOUNT HOLDER	JOINT ACCOUNT HOLDER
<p><input type="checkbox"/> (A) I confirm that I am a U.S. Citizen and/or resident in the U.S for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:</p> <p style="text-align: center;">_____</p> <p><input type="checkbox"/> (B) I confirm that I was born in the U.S. (or a territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.</p> <p><input type="checkbox"/> (C) I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.</p>	<p><input type="checkbox"/> (A) I confirm that I am a U.S. Citizen and/or resident in the U.S for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:</p> <p style="text-align: center;">_____</p> <p><input type="checkbox"/> (B) I confirm that I was born in the U.S. (or a territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.</p> <p><input type="checkbox"/> (C) I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.</p>

COMPLETE THIS SECTION IF YOU HAVE NON-U.S. TAX RESIDENCIES

I hereby confirm that I am, for tax purposes, a 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

AML/CFT ASSESSMENT

Have you ever been convicted of money laundering, fraud, theft, or any other crime of dishonesty anywhere? Yes No

If Yes, provide details:

Do you or any members of your family work for a brokerage house? Yes No

If Yes, provide details:

DECLARATION, UNDERTAKING, AND CONSENT

- I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.
- I undertake to advise BPM Financial Limited promptly and to provide an updated Self-Certification of Residency form within 30 days where any change in residence occurs which causes any of the information contained in this form to be inaccurate or incomplete.
- Where legally obliged to do so, I 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).

Primary Account Holder Signature

Witness

Date

Joint Account Holder Signature

Witness

Date

*N.B. Spouses or joint account holders **should not** witness each other's signatures.*

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: (Select One) 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? Equity Fixed Income Real Estate

INVESTMENT EXPERIENCE: State number of years of investing in:

Equities _____ Bonds _____ Real Estate _____ Fixed Income _____

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 Other. Please state

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.

FOR INTERNAL USE ONLY

Account Number assigned _____ Account Type _____

Initial Investment _____ Investment Rate: _____

- Copy TRN & valid I.D for each account holder
- Proof of Address
- Proof of Employment
- FATCA Self-Certification Form
- Politically Exposed Declaration
- Copy Birth Certificate for each "minor" account holder
- Photo I.D. of Minor

- Sole Proprietors** TCC: Yes No
- Business Registration Certificate: Yes No
- Financial Statement of Business or Bank Statement

AML/CFT Assessment

- Has the applicant'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-Risk⁴ individual? Yes No
- Following my assessment of the AML/KYC information and documentation provided by the above-mentioned customer, I confirm that the FATCA self-certification provided seems:
 - Reasonable**
 - Unreasonable** and the Account Holder have been requested to provide a revised Self-Certification of Residency form.

FOR INTERNAL USE ONLY		Name Advisor Code	Signature	Date
	FINANCIAL ADVISOR:			
	VERIFIED BY:			
	APPROVED BY:			

⁴ Politically Exposed Persons; and a person not ordinarily resident of Jamaica; etc. See FSC Advisory - I&E-ADVI-2021/09-0001