

**BPM FINANCIAL LTD.**  
**CLIENT ACCOUNT FORM**

**ACCOUNT INFORMATION**

Name of Primary Account Holder:  Mr.  Mrs.  Ms.  
Or Name of Institution:

Name of Joint Account Holder:  Mr.  Mrs.  Ms.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

TRN#: \_\_\_\_\_

TRN#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parish of Birth: \_\_\_\_\_

Parish of Birth: \_\_\_\_\_

D.O.B: \_\_\_\_\_

D.O. B: \_\_\_\_\_

Nationality: \_\_\_\_\_

Nationality: \_\_\_\_\_

Tel: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Tel: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Contact Person: (If applicable) \_\_\_\_\_

Tel: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

**CLIENT AUTHORITY TO PORTFOLIO MANAGER**  Full discretion  As per Instruction  Roll at maturity

**RISK PROFILE:** (Select One)  Conservative  Moderate  Aggressive/Speculative

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

**For completion by Companies/Partnerships/Institutions only**

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  \_\_\_\_\_

NB: Valid I. D to be submitted for each individual

**DECLARATION OF CLIENT**

- I/We declare that the information given is accurate.
- I/We have indicated above the names and specimen signatures of persons authorized to transact business on behalf of the corporation/ partnership.

\_\_\_\_\_  
Client Signature (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (2)

\_\_\_\_\_  
Date

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

How did client come to BPM Financial?  Press  Radio  Television  Recommendation  Sales Person  Website

**FOR INTERNAL USE ONLY**

Copy TRN & valid I.D for each account holder

Proof of Address

Account Number assigned \_\_\_\_\_

FATCA Self-Certification Form

Account Type \_\_\_\_\_

Copy birth certificate for each "minor" account holder

Initial Investment \_\_\_\_\_

Sales person: \_\_\_\_\_

Initial Investment \_\_\_\_\_

Investment Rate: \_\_\_\_\_

Processed by \_\_\_\_\_

Date: \_\_\_\_\_

Signature