

BPM FINANCIAL LTD.
CLIENT ACCOUNT APPLICATION FORM -INDIVIDUAL Account #:

INVESTMENT

Note: Joint Holders must complete, sign and provide all required documentation as the Primary Account Holders. See requirements for minors¹.

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, National I.D.)

Name: _____ / _____ / _____
First Middle Last
 Mr..... Mrs..... Ms..... Date of Birth _____

Name: _____ / _____ / _____
First Middle Last
 Mr.....Mrs.....Ms..... Date of Birth _____

Aliases: _____

Aliases: _____

Gender _____ TRN _____

Gender _____ TRN _____ Relationship _____

Parish of Birth _____ Country of Birth _____

Parish of Birth _____ Country of Birth _____

Nationality _____ Country of Residence _____

Nationality _____ Country of Residence _____

Mother's Maiden Name: _____

Mother's Maiden Name: _____

CONTACT INFORMATION

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

Home/Permanent Address _____

Home/Permanent Address _____

Mailing Address _____

Mailing Address _____

Email _____

Email _____

Tel: (W) _____ (H) _____ (C) _____

Tel: (W) _____ (H) _____ (C) _____

CONTACT PERSON OF APPLICANT

Name of Contact Person: _____

Name of Contact Person: _____

Relationship: _____

Relationship: _____

Tel: (W) _____ (H) _____ (C) _____

Tel: (W) _____ (H) _____ (C) _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Email: _____

Email: _____

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:

¹ 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)

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EMPLOYMENT INFORMATION

(Proof required- Job Letter (not older than 3 months), or a signed Verification Form for Self-Employment/Unemployment from an authorized person²)

Occupation: _____ Years _____ Occupation: _____ Years _____

Type/Nature: _____ Type /Nature: _____

Employer/Organization: _____ Employer/Organization: _____

Emp./Organization Address: _____ Emp./Organization Address: _____

Email: _____ Email: _____

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 plus

INITIAL DECLARATION OF SOURCE OF FUNDS:

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

Salary Business Income Dividend Interest Savings Sale of Property

Other (Provide details)

What is the expected transaction amount and frequency? Amount..... Currency..... Frequency:

Method of Payment:

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 country government? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state in what capacity? _____</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 country government? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state in what capacity? _____</p>
<p>ii. Do you, 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 residency or a foreign government? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state in what capacity? _____</p>	<p>ii. Do you, 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 residency or a foreign government? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state in what capacity? _____</p>

² 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.

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CLIENT ACCOUNT APPLICATION FORM -INDIVIDUAL Account #:
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
<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: _____	<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: _____
<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.	<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.
<input type="checkbox"/> (C) I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.	<input type="checkbox"/> (C) I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.

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 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 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 (1)

 Witness (1) Date

 Joint Account Holder Signature (2)

 Witness (2) Date

NB: Spouses or joint account holders **should not** witness each other's signatures.

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OR

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

BE IT REMEMBERED that on the _____ day of _____ Two Thousand and _____, _____ and _____ personally came and appeared before me, the undersigned one of Her Majesty's Justices of the Peace/ Notary Public, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of/ Parish of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature _____ (Seal)

Print Name _____

NB: 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.

CLIENT AUTHORITY TO PORTFOLIO MANAGER	<input type="checkbox"/> Full discretion	<input type="checkbox"/> As per Instruction	<input type="checkbox"/> Roll at Maturity
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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? 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

Other. Please Specify

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.

BPM FINANCIAL LTD.
CLIENT ACCOUNT APPLICATION FORM -INDIVIDUAL Account #:
FOR INTERNAL USE ONLY

Copy TRN & valid I.D for each account holder Proof of Address Proof of Employment

Account Number assigned _____ FATCA Self-Certification Form

Account Type _____ Politically Exposed Declaration

Copy Birth Certificate for each "minor" account holder Photo I.D. of Minor

Sole Proprietors TCC: Yes No

Financial Statement of Business or Bank Statement Business Registration Certificate: Yes No

Initial Investment _____ Investment Rate: _____

AML/CFT Assessment

1. 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.
2. Is the Applicant a High-Risk³ individual? Yes No
3. 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.

Note for file: _____

Financial Advisor: _____ Date: _____
Name Signature

Checked by: _____ Date: _____
Name Signature

Approved by: _____ Date: _____
Name Signature

³ Politically Exposed Persons; and a person not ordinarily resident of Jamaica; etc. See FSC Guidelines, -IER-GUID-19-0001 page 999, October 31, 2019
1A HOLBORN ROAD, KINGSTON 10, JAMAICA; AND SHOP 19, SAGICOR COMMERCIAL CENTRE, MONTEGO BAY, TEL: KGN.: (876)926-0849; MOBAY: (876)979-1997