

Home Address (OF PRIMARY ACCOUNT HOLDER):

Date: _____

The Manager
BPM Financial Ltd.
1A Holborn Road
Kingston 10

Dear Sirs,

Re: Account Number _____ In the name(s) of: _____

Please take this as my authority to add _____
_____ to the above-mentioned account with immediate effect.

JOINT ACCOUNT TRANSACTION INSTRUCTIONS

(Please tick ONE [1] of the options below to indicate how the joint account will operate):

- ☐ **CATEGORY 1** – Only the Primary Account Holder has full access to the account. The Joint Holder may only transact business with **written permission** from the Primary Account Holder.
- ☐ **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.

Thank you for your assistance in this regard.

Yours truly,

PRINT NAME OF PRIMARY ACCOUNT HOLDER

SIGNATURE OF PRIMARY ACCOUNT HOLDER

DATE

JOINT ACCOUNT HOLDER (1)

PRINT NAME OF JOINT ACCOUNT HOLDER (1)

SIGNATURE OF JOINT ACCOUNT HOLDER (1)

DATE

Re: Account Number _____

JOINT ACCOUNT HOLDER (2) (if applicable)

PRINT NAME OF JOINT ACCOUNT HOLDER (2)

SIGNATURE OF JOINT ACCOUNT HOLDER (1)

DATE

JOINT ACCOUNT HOLDER (3) (if applicable)

PRINT NAME OF JOINT ACCOUNT HOLDER (3)

SIGNATURE OF JOINT ACCOUNT HOLDER (1)

DATE

JOINT ACCOUNT HOLDER (4) (if applicable)

PRINT NAME OF JOINT ACCOUNT HOLDER (4)

SIGNATURE OF JOINT ACCOUNT HOLDER (1)

DATE

JOINT ACCOUNT HOLDER (5) (if applicable)

PRINT NAME OF JOINT ACCOUNT HOLDER (5)

SIGNATURE OF JOINT ACCOUNT HOLDER (1)

DATE

FOR INTERNAL USE ONLY

FURTHER INSTRUCTIONS: _____

PRIMARY ACCOUNT HOLDER

SIGNATURE OF PRIMARY ACCOUNT HOLDER

DATE

WITNESS

SIGNATURE OF WITNESS

DATE