



A member of the Jamaica Stock Exchange

Customer Information Form and Client Account Agreement
PERSONAL CUSTOMER

New Change

Title _____

(Mr./Ms./Mrs./Dr./Prof) **Surname** _____ **First Name** _____ **Middle Name** _____ **Maiden/Alias Name** _____

Marital Status: Single Married Divorced Widowed **Number of Dependents:** _____

Nationality: _____ **Date of Birth (DDMMYYYY)** ____/____/____ **Place of Birth:** _____

Residential Address: _____ Own Rent Other

Parish/District: _____ **Country:** _____ **Address Since(DD/MM/YYYY)** ____/____/____

Mailing Address (if different): _____ **E-mail:** _____

Phone #: Home: _____ **Work:** _____ **Mobile:** _____

Previous Address (if present address less than 3 years): _____

Employment Status: Employed Self Employed Unemployed Student Retired

Occupation: _____ **Employer:** _____

Employer's Address _____ **Employed Since(DD/MM/YYYY):** ____/____/____

TRN: _____ **ID #:** _____ Drivers License Passport Voter's/ National ID

Gross Annual Income Range: Under J\$1M J\$1M - J\$3.9M J\$4M - J\$9.9M J\$10M and Over

Previous Employer (if less than 3 years at present employment): _____

JOINT ACCOUNT HOLDER or EXECUTOR/ADMINISTRATOR

Title _____

(Mr./Ms./Mrs./Dr./Prof) **Surname** _____ **First Name** _____ **Middle Name** _____ **Maiden/Alias Name** _____

Marital Status: Single Married Divorced Widowed **Number of Dependents:** _____

Nationality: _____ **Date of Birth (DDMMYYYY)** ____/____/____ **Place of Birth:** _____

Residential Address: _____ Own Rent Other

Parish/District: _____ **Country:** _____ **Address Since(DD/MM/YYYY)** ____/____/____

Mailing Address (if different): _____ **E-mail:** _____

Phone #: Home: _____ **Work:** _____ **Mobile:** _____

Previous Address (if present address less than 3 years): _____

Employment Status: Employed Self Employed Unemployed Student Retired

Occupation: _____ **Employer:** _____

Employer's Address _____ **Employed Since(DD/MM/YYYY):** ____/____/____

TRN: _____ **ID #:** _____ Drivers License Passport Voter's/ National ID

Gross Annual Income Range: Under J\$1M J\$1M - J\$3.9M J\$4M - J\$9.9M J\$10M and Over

Previous Employer (if less than 3 years at present employment): _____

JOINT ACCOUNT HOLDER or EXECUTOR/ADMINISTRATOR

Title _____

(Mr./Ms./Mrs./Dr./Prof) Surname _____ First Name _____ Middle Name _____ Maiden/Alias Name _____

Marital Status: Single Married Divorced Widowed Number of Dependents: _____

Nationality: _____ Date of Birth (DDMMYYYY) _____ / _____ / _____ Place of Birth: _____

Residential Address: _____ Own Rent Other

Parish/District: _____ Country: _____ Address Since(DD/MM/YYYY) _____ / _____ / _____

Mailing Address (if different): _____ E-mail: _____

Phone #: Home: _____ Work: _____ Mobile: _____

Previous Address (if present address less than 3 years): _____

Employment Status: Employed Self Employed Unemployed Student Retired

Occupation: _____ Employer: _____

Employer's Address _____ Employed Since(DD/MM/YYYY): _____ / _____ / _____

TRN: _____ ID #: _____ Drivers License Passport Voter's/ National ID

Gross Annual Income Range: Under J\$1M J\$1M - J\$3.9M J\$4M - J\$9.9M J\$10M and Over

Previous Employer (if less than 3 years at present employment): _____

JOINT ACCOUNT HOLDER or EXECUTOR/ADMINISTRATOR

Title _____

(Mr./Ms./Mrs./Dr./Prof) Surname _____ First Name _____ Middle Name _____ Maiden/Alias Name _____

Marital Status: Single Married Divorced Widowed Number of Dependents: _____

Nationality: _____ Date of Birth (DDMMYYYY) _____ / _____ / _____ Place of Birth: _____

Residential Address: _____ Own Rent Other

Parish/District: _____ Country: _____ Address Since(DD/MM/YYYY) _____ / _____ / _____

Mailing Address (if different): _____ E-mail: _____

Phone #: Home: _____ Work: _____ Mobile: _____

Previous Address (if present address less than 3 years): _____

Employment Status: Employed Self Employed Unemployed Student Retired

Occupation: _____ Employer: _____

Employer's Address _____ Employed Since(DD/MM/YYYY): _____ / _____ / _____

TRN: _____ ID #: _____ Drivers License Passport Voter's/ National ID

Gross Annual Income Range: Under J\$1M J\$1M - J\$3.9M J\$4M - J\$9.9M J\$10M and Over

Previous Employer (if less than 3 years at present employment): _____

Initial Deposit: _____ **Source of Funds:** _____

Will this account be used to conduct business on behalf of someone other than the named accountholder(s)? YES NO

If yes, provide details: _____

Investment Instrument(s): CMA GSF REPO TFI Stock Brokerage Securities Trading

Interest instructions: _____ **Mailing instructions:** Mail Hold

Special Instructions: _____

How did you hear about us? _____

My portfolio manager has the right to manage my funds and securities in the following manner:

"Full Discretion" (I grant my fund manager full authority over my funds and securities, without consultation).

"Partial Discretion" (I must be contacted before execution of any trade/transaction).

"Custody" (No discretion to trade. Assets are for safe-keeping and reporting only).

Risk Profile:

Very Cautious - no unnecessary risks Moderate - reasonable levels of risks Speculative - accept high levels of risk

Cautious - small risks acceptable Adventurous - accept greater levels of risk

TERMS & CONDITIONS:

- I/We the undersigned, being the person(s) specified in this document (hereinafter, together jointly and severally if more than one, referred to as "the client") hereby request Scotia DBG Investments Limited of 7 Holborn Road, Kingston 10, Jamaica, a company duly incorporated under the laws of Jamaica (hereinafter referred to as "the Company") to open one or more account(s) from time to time in my/our name(s) with respect to instruments issued to me/us by and/or investments held by me/us through the Company, and all accruals, payments and transactions relating thereto.
- I/We acknowledge and agree that the Company's General Terms and Conditions attached hereto, as varied by the Company from time to time - (i) are accepted by and are binding on me/us, (ii) shall govern the said account(s) and all instruments issued to me/us by and/or investments held by me/us through the Company, and all accruals, payments and transactions relating thereto, and (iii) are hereby incorporated by reference into all contracts from time to time existing between me/us and the Company (save to the extent, and to the extent only, that the Company in writing expressly agrees otherwise). I/We hereby acknowledge receipt of a copy of the General Terms and Conditions and agree to abide and comply with the provisions set forth therein and as varied by the company from time to time.
- I/We understand and accept that a right of survivorship applies to joint accounts. It has the effect that on the death of one of the joint account holders, his or her entire rights and interest in the account accrue automatically to the other joint account holder(s), and do not form part of the deceased joint account holder's estate.

SIGNING INSTRUCTIONS (FOR JOINT ACCOUNTS):

Please indicate the signing instructions for this account on the line below. STATE HOW MANY AND WHAT COMBINATION OF SIGNATURES IS REQUIRED TO EFFECT A TRANSACTION ON THIS ACCOUNT. Please note that if nothing is indicated, any one signature may be accepted and acted on by SCOTIADBG, provided however that where the account is being used as collateral to secure any loan, guarantee, indemnity, undertaking or other form of financial exposure (or in any other case, if SCOTIADBG deems it necessary or expedient), SCOTIADBG reserves the right (but shall not be obliged) to require all the named account holders to sign the required documents.:

_____ Client Signature ____/____/____ (DD/MM/YYYY)	_____ Joint Holder Signature ____/____/____ (DD/MM/YYYY)	_____ Joint Holder Signature ____/____/____ (DD/MM/YYYY)	_____ Joint Holder Signature ____/____/____ (DD/MM/YYYY)
--	--	--	--

FOR USE BY SCOTIADBG PERSONNEL ONLY

CIF completed & signed by main & joints	2 SCOTIADBG Reference forms for main/single account holder	Verbal/Fax/Email /General indemnity	Bank Ref for foreign clients of SCOTIADBG T&T Branch
ID & TRN of signatories	Mailing/Interest Instructions	Withholding application (If applicable)	Is (each) account holder a PEP or related/connected to a PEP? (Y/N)
Address confirmation Utility Bill <input type="checkbox"/> Tel Reg. <input type="checkbox"/> Emp. Letter <input type="checkbox"/> Other <input type="checkbox"/>	Source of funds	Prof. Intermediary letter	

OFFICER'S NAME: _____ **SIGNATURE:** _____

SENIOR MANAGER'S NAME: _____ **SIGNATURE:** _____

COMMENTS: