



# Scotia DBG Merchant Bank

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 IDGross 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 IDGross 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: \_\_\_\_\_

Expected Monthly Level of Activity: \_\_\_\_\_

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

If yes, provide details: \_\_\_\_\_

Deposit Instrument(s):  Certificate of Deposit  Leap Year Account  "B" Account  "A" Account  
 Long Term Savings Account  Elite Savings  Elite A Savings

Interest instructions: \_\_\_\_\_ Mailing instructions:  Mail  Hold

Special Instructions: \_\_\_\_\_

**TERMS & CONDITIONS:**

1. I/We the undersigned, being the person(s) specified in the Schedule below (hereinafter, together jointly and severally if more than one, referred to as "the client") hereby request Scotia DBG Merchant Bank Limited of # 1B 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.
2. 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 agree to abide by and comply with the provisions set forth in the said General Terms and Conditions attached hereto, as varied by the Company from time to time. I/We hereby acknowledge having received a copy of this Client Account Agreement and the said General Terms and Conditions.
3. 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. Please note that if nothing is indicated, any one signature will be accepted, provided however that where the account is being used as collateral to secure any loan, guarantee, indemnity, undertaking or other form of financial exposure, DB&G Merchant Bank Ltd. reserves the right (but shall not be obliged) to require all the named account holders to sign the required documents. STATE HOW MANY AND WHAT COMBINATION OF SIGNATURES IS REQUIRED TO EFFECT A TRANSACTION ON THIS ACCOUNT:

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_____ <b>Client Signature</b> ____/____/____ (DD/MM/YYYY)	_____ <b>Joint Holder Signature</b> ____/____/____ (DD/MM/YYYY)	_____ <b>Joint Holder Signature</b> ____/____/____ (DD/MM/YYYY)	_____ <b>Joint Holder Signature</b> ____/____/____ (DD/MM/YYYY)
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**FOR USE BY SCOTIA DBGMB PERSONNEL ONLY**

CIF completed & signed by main & joints	2 SCOTIA DBGMB 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: