

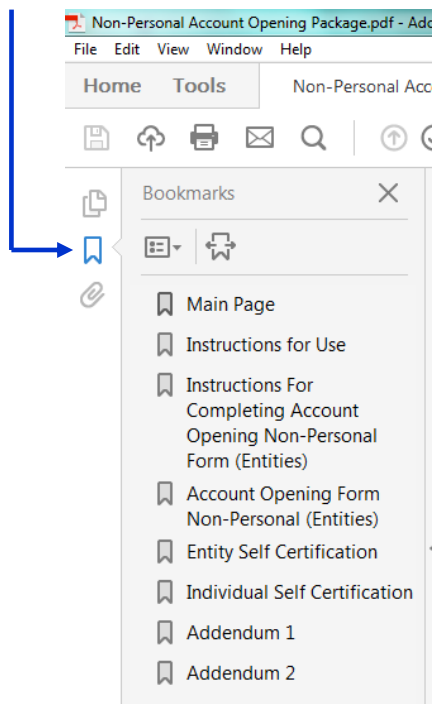


Non-Personal

Account Opening Package

Instructions for Use

- Click on the [bookmarks icon](#) (generally found in the left margin of your PDF document) to easily access [links](#) to the documents in the package.



- Along with the enclosed **Instructions for Completing the Account Opening Non-Personal Form (Entities)**, note the following as it relates to the form:
 - Sections A, B, C, D Part II, E, F** are applicable to the entity.
 - Section D Part I** applicable to officers associated with the entity. Print or make additional copies as needed for the officer(s) associated with the entity.
 - Section G** is applicable to and completed by JN.
 - Addendum 1** is applicable to persons likely to conduct business on the account. Print or make additional copies as needed.
 - Addendum 2** is applicable to officers associated with the entity. Print or make additional copies as needed for the officer(s) associated with the entity.
- Individual Self Certification Form** is applicable to the authorized signing officers for the entity. Print or make additional copies as needed for the officer(s) associated with the entity.
- Entity Self Certification Form** is applicable to the entity.

Instructions For Completing Account Opening Non-Personal Form (Entities)

This instruction guide must be used when completing the Account Opening Non-Personal Form (Entities). Review the Documents Required for Opening a Non-Personal Account Listing for the document requirements, as per the type of entity, that the account is being opened for, before submitting the application.

Title of Section	Line #	Line Description	Instructions for completion
Section A-Entity Information			
	1	Existing JN Member	Indicate whether the entity has an existing account with JN Bank
	2	Name	Insert Name of company on Certificate of Registration or Incorporation
	3	Trading Name	If sole Trader insert the "trading as" name, if applicable
	4	Registered/ Business Address	Input the registered or business address of the entity
	5	Mailing Address	Input the mailing address of the entity
	6	Website Address	Input address with top level domain name example: .net .org .com
	7	Email Address	Input entity's email address E.g. abc@gmail.com
	8	TRN	Input Tax Registration Number for entity/ Sole Trader
	9	GIIN	Input Global Intermediary Identification Number
	10	TIN	Input Tax Identification Number (applicable only to US persons) *A US person is any corporation/business/organization/group incorporated in the United States under U.S. law.
	11	Tel. No/s	Input telephone numbers for entity
	12	Fax No	Input fax number for entity
	13	Business Structure	Select the applicable structure
	14	Entity on Stock Exchange	Indicate whether the entity is on the stock exchange and the name of the exchange.
	15	Entity part of Group of Companies	Indicate whether the entity is a part of a group of Companies and the name of the Parent organization
	16	Subsidiaries	To be completed by entities which hold over 50% ownership in their subsidiaries
	17	Affiliates	To be completed by entities with affiliates which have a minimum 10% but less than 50% ownership
Section B-Commercial Information	18	Description of Business	Input a brief description of the nature of entities' business
	19	Number of Employees	State the number of employees
	20	Type of Industry	State the type of industry E.g. Manufacturing
	21	Associations	List the names of Associations of which the entity is a member
	22	Major Suppliers	
		Location	Record the location of each supplier named using the abbreviations shown
		Frequency	Record the frequency of business with each named supplier using the abbreviations shown
		Mode	Record all applicable methods of payout from each named supplier using the abbreviations shown.

Title of Section	Line #	Line Description	Instructions for completion
Section B- Commercial Information	23	Major Customers	
		Location	Record the location of each customer of the entity named using the abbreviations shown.
		Frequency	Record the frequency of business with each named customer using the abbreviations shown.
		Mode	Record all applicable methods of incoming funds from each named customer using the abbreviations shown.
Section C - Financial Profile	24	Summarize Financial Information in Jamaican Dollars (JMD) – last 2 years	<p>To be completed using the most recent Audited Financial Statement or In-House Statement for entities incorporated under 18 months</p> <p>Summarize the financial information for the entity in JMD for the last two years as per the following requirements:</p> <ul style="list-style-type: none"> • Total Annual Sales/ Revenue • Total Assets • Total Liabilities • Net Profit <p>Input the projections for the next six months in the following areas:</p> <ul style="list-style-type: none"> • Total Annual Sales/ Revenue • Total Assets • Total Liabilities • Net Profit
Section D Part I -Details of Entity Officers	25-51	Existing JN Member – Reference 2	<p>To be completed for the Director, Shareholder, Principal Owner Signer, Settler/ Guarantor, Protector and Beneficiary except Sole Trader. Fill in this section and print as needed or make blank copies of Addendum 2 at the end of the form for completion by hand for additional officers associated with the entity.</p> <p>*For existing JN members complete 26-28, 30, 31 & 42 then Proceed to 43. *For New JN Members complete all of Section D Part 1.</p> <p>*Country /Place of Birth is the country in which you were born</p>
	51		<p>List of Qualified Referees:</p> <p>**Please note that a Referee who is also relied on to verify your address must either be a Minister of Religion, Attorney-at-Law, Elected Representative or a Justice of the Peace.</p> <ol style="list-style-type: none"> 1. Service Club / Association President 2. Attorney-at-Law 3. Applicant's employer (CEO or HR Manager) 4. Notary Public 5. Medical Doctor 6. Justice of the Peace 7. Army Officer (Rank of Captain or above) 8. Clerk of Court 9. JN Bank reputable member, not related to the applicant, ** Consular Officer – High Commissioner / Ambassador with an active account of 2 years or more. ** Judge (Resident Magistrate and above) 10. Member of the JN Group Management team or Board of Directors ** Minister of Religion 11. Financial Institution Manager ** School Principal / University Lecturer 12. Elected Representative (Councilor, Mayor, MP), Member of State ** Police Officer (Rank of Inspector upwards)

Title of Section	Line #	Line Description	Instructions for completion
Section D – Part II - Politically Exposed Persons (PEP) - Additional Information	52-55	Politically Exposed Persons (PEP) - Additional Information	<p>Politically Exposed Persons who are (Directors, Shareholders, Principal Owners and Management Officers)</p> <p>A PEP is a current or former senior official in the Executive, Legislative, Administrative, Military or judicial branch of a foreign government or a senior officer of a local or foreign political party or Senior Executive of local or foreign government.</p>
Section E- Nature and Purpose of Account	56-62	Account Type – Source of Ongoing Funding	Indicate the source of the funds that will be deposited to the account as per the account(s) being opened for the entity.
Section F - Confirmation by Entity	63	Full Name, Signature and Title of Representative as well as Date	This section must be signed by the Authorizing Officers named in the resolution for the entity.
Section G- Confirmation by JN Bank	64-66	Confirmation of Interviewing Officer – Date Confirmation by Manager/ Supervisor	This section must be completed by the Interviewing Officer who initiated the opening of the account and the JN Bank Representative conducting the opening of the account for the entity and authorized by their respective Supervisor.
Addendum 1 - Persons Authorized to do Business on the Account	N/A	N/A	The required information must be captured for each person likely to conduct business on the account.
Addendum 2 - Section D Part I -Details of Entity Officers	25-51	Existing JN Member – Reference 2	<p>To be completed for each additional Director, Shareholder, Principal Owner Signers, Settler/ Guarantor, Protector and Beneficiary. Fill in this section and print as needed or make blank copies for completion by hand for additional officers associated with the entity.</p> <p>*For existing JN members complete 26-28, 30, 31 & 42 then Proceed to 43. *For New JN Members complete all of Section D Part 1.</p> <p>*Country /Place of Birth is the country in which you were born</p>
	51		<p>List of Qualified Referees:</p> <p><i>**Please note that a Referee who is also relied on to verify your address must either be a Minister of Religion, Attorney-at-Law, Elected Representative or a Justice of the Peace.</i></p> <ol style="list-style-type: none"> 13. Service Club / Association President 14. Attorney-at-Law 15. Applicant's employer (CEO or HR Manager) 16. Notary Public 17. Medical Doctor 18. Justice of the Peace 19. Army Officer (Rank of Captain or above) 20. Clerk of Court 21. JN Bank reputable member, not related to the applicant, ** Consular Officer – High Commissioner / Ambassador with an active account of 2 years or more. ** Judge (Resident Magistrate and above) 22. Member of the JN Group Management team or Board of Directors ** Minister of Religion 23. Financial Institution Manager ** School Principal / University Lecturer 24. Elected Representative (Councilor, Mayor, MP), Member of State ** Police Officer (Rank of Inspector upwards)



Account Opening Form Non-Personal (Entities)

SECTION A: ENTITY INFORMATION

(Use the accompanying instructions when completing form. The form can be filled in by printing and completing by hand or using a computer after which it may printed. Please note its contents cannot be saved and It must be signed upon full completion.)

1. Is the company an existing JN Bank customer? Yes No

2. Name: (legal entity)

3. Trading Name: (If applicable)

4. Registered/Business Address: (As applicable)

Street 1:

Street 2:

Street 3:

City/Town:

Residential Area/District:

Post Office/Zip Code:

Province/State/Parish/County:

Country:

5. Mailing Address: (If different from registered/business address)

Street 1:

Street 2:

Street 3:

City/Town:

Residential Area/District:

Post Office/Zip Code:

Province/State/Parish/County:

Country:

6. Website Address:

7. Email Address:

8. TRN:

(Taxpayer Registration Number)

9. GIIN: (If Applicable)

(Global Intermediary Identification Number)

10. TIN: (For US citizen only)

(Taxpayer Identifying Number)

11. Tel. No/s:

(area code)

12. Fax No:

(area code)

13. Business Structure (Please tick one)

(See list of certified documents required for each type of structure)

Company Partnership Sole Trader Financial Institution

Charity/Foundation Church Pension Fund Private School

Association/Club Public Sector Entity Agent Statutory Body Trust Public School Other(please specify)

14. Is Entity Listed on Stock Exchange? Yes No

"If 'yes' please state name of Exchange"

15. Is Entity Part of a Group of Companies? Yes No

"If 'yes' please state name of Parent Group (Provide organization chart)"

16. Subsidiaries (50% & over ownership)

Name	Industry	Type of Business	Percentage Owned



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17. Affiliates (minimum 10% but less than 50% ownership)

Name	Industry	Type of Business	Percentage Owned

SECTION B: COMMERCIAL INFORMATION

18. Description of Business: (e.g. types of products/services)

19. Number of Employees:

20. Type of Industry:

(See example in instructions)

21. Associations (List associations of which your company is a member)

22. Major Suppliers

Name	Location JAM – Jamaica CAN – Canada EU – European Union USA – United States of America Other (Please specify country)	Expected Value of Largest Transaction (J\$)	Frequency D – Daily W – Weekly M – Monthly A – Annually	Mode C – Cash Chq – Cheque W – Wire Other (Please Specify)

23. Major Customers:

Name	Location JAM – Jamaica CAN – Canada EU – European Union USA – United States of America Other (Please specify country)	Expected Value of Largest Transaction (J\$)	Frequency D – Daily W – Weekly M – Monthly A – Annually	Mode C – Cash Chq – Cheque W – Wire Other (Please Specify)

SECTION C: FINANCIAL PROFILE

(To be completed using the most recent Audited Financial Statement
or In-House Statement for entities incorporated under18 months)

24. Summarize Financial Information in Jamaican Dollars – last 2 years	Year <div></div>	Year <div></div>	Projections (For next 6 months for companies 0-6 months old)
Total Annual Sales / Revenues			
Total Assets			
Total Liabilities			
Net Profit			



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SECTION D PART I: DETAILS OF ENTITY OFFICERS

(To be completed for each Director, Shareholder, Principal Owner Signer, Settler/ Guarantor, Protector and Beneficiary except Sole Trader. Fill in this section and print as needed or make blank copies of Addendum 2 at the end of the form for completion by hand for additional officers associated with the entity.)

25. Are you an existing JN Group customer? Yes ☐ No ☐ (If yes, indicate JN company/companies)

26. Are you an existing JN Bank customer? Yes ☐ No ☐

(if yes, indicate a/c # & complete 27-28, 30, 31 & 42)

27. Last Name: First Name: Middle Name:

28. Date of Birth :

(dd/mm/yyyy)

29. Gender: Male ☐ Female ☐

30. Telephone (Home): - (area code) Mobile: - (area code) Work: - (area code)

31. (Select all applicable positions)

Director ☐ Trustee ☐ Signer ☐ Guarantors ☐ Protectors ☐ Shareholder ☐
Beneficiaries ☐ Settlers ☐ Partner ☐ (25% or over)

For Shareholders Only (25% or over) Total Shares (no. of units) Percentages of Shareholding: %

32. ID Type: National ID ☐ Passport ☐ Driver's License ☐ Other (please specify) ☐

ID Number: ID Issue Date: ID Expiry Date:

(dd/mm/yyyy)

(dd/mm/yyyy)

33. Reference Type: TRN ☐ SSN ☐ SIN ☐ NIN ☐ Reference #

34. TIN: Yes ☐ No ☐ Reference #

35. Country / Place of Birth:

36. Country of Citizenship:

37. How long have you resided at current address?

0-4 Year(s) ☐ 5 or more years ☐

38. Residential Address

Street 1:
Street 2:
Street 3:
City/Town:
Residential Area/District:
Post Office/Zip Code:
Province/State/Parish/County:
Country:

40. Mailing Address: If different from residential address

Street 1:
Street 2:
Street 3:
City/Town:
Residential Area/District:
Post Office/Zip Code:
Province/State/Parish/County:
Country:

39. Previous Address:

(If not residing at current address for more than 5 years)

Street 1:
Street 2:
Street 3:
City/Town:
Residential Area/District:
Post Office/Zip Code:
Province/State/Parish/County:
Country:

41. Proof of Address:

Bank / Credit Card Statement ☐
Utility ☐
Other (please specify) ☐

42. Email

Address:



Account Opening Form Non-Personal
SECTION D PART I: DETAILS OF ENTITY OFFICERS cont'd

43. Other Company / Entity Affiliations:

44. Employment Status: Employed ☐ Unemployed ☐ Student ☐ Self Employed ☐ Retired ☐

45. Employer's Address:

Street 1:

Street 2:

Street 3:

City/Town:

Residential Area/District:

Post Office/Zip Code:

Province/State/Parish/County:

Country:

46. Place of Employment: *(If Applicable)*

47. Occupation:

48. Telephone:

-

49. Previous Employer: *(If less than 3 years at present work)*

50. Referee 1

Name:

Category: *(See List)*

Contact Number/s

51. Referee 2

Name:

Category: *(See List)*

Contact Number/s



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SECTION D PART II: POLITICALLY EXPOSED PERSONS (PEPs)

ADDITIONAL INFORMATION

52. Are any of the majority shareholders (25% or greater or applicable % by local regulation if less), officers, directors or signatories, or their immediate family members (parents, siblings, children, spouse/common law partner &/or in-laws); a current or former senior official in the executive, legislative, administrative, military or judicial branch of a local or foreign government or a senior officer of a local or foreign Political Party, or a senior executive of a local or foreign Government? Yes ☐ No ☐

53. If yes, please state:

54. Are you a personal/professional associate of any of the foregoing Public Official/s? Yes ☐ No ☐

55. If yes, please state:

SECTION E: NATURE AND PURPOSE OF ACCOUNT

56. Account Type	57. Purpose of Account	58. Frequency <div>D - Daily W - Weekly M - Monthly A - Annually</div>	59. Currency <div>JAM – Jamaica CAN – Canada EU – European Union USA – United States of America Other (Please specify country)</div>	60. Source of Initial Funding	61. Expected Amount	62. Source of Ongoing Funding

SECTION F: CONFIRMATION BY ENTITY

(To be signed by the persons who sign the resolution form i.e. the persons identified in the resolution as authorized officers)

63. The member/ account holder hereby agrees to be bound by the terms and conditions as outlined in the **JN Bank Limited's Terms and Conditions (Personal)**.

Full Name of Authorized Representative: *(Full name of representative who is authorized to open or close account as per resolution)*

Signature: _____ Title / Position: Date :

(dd/mm/yyyy)

Full Name of Authorized Representative: *(Full name of representative who is authorized to open or close account as per resolution)*

Signature: _____ Title / Position: Date :

(dd/mm/yyyy)



Account Opening Form for Non-Personal

FOR INTERNAL USE ONLY

SECTION G: CONFIRMATION BY JN BANK

I have seen and verified customer SSN? Yes ☐ No ☐

64. Confirmation by Interviewing Officer:

Interviewing Officer's Full Name:	<input type="text"/>	Title / Position:	<input type="text"/>
Signature: _____		Date:	<input type="text"/> <i>(dd/mm/yyyy)</i>

65. Account Set-Up By:

RIM Number:	<input type="text"/>	Branch:	<input type="text"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Title / Position:	<input type="text"/>		
Signature: _____		Date:	<input type="text"/> <i>(dd/mm/yyyy)</i>

66. Confirmation of Account Set-Up by:

Manager's / Supervisor's Full Name:	<input type="text"/>	Title / Position:	<input type="text"/>
Signature: _____		Date:	<input type="text"/> <i>(dd/mm/yyyy)</i>



Account Opening Form for Non-Personal

ADDENDUM 1

Persons Likely To Conduct Business On The Account *(Not including any of the aforementioned Officers, Directors, Executives or Shareholders etc. Use additional pages as necessary.)*

Last Name:

First Name:

Middle Name:

Position:

Date of Birth:

(dd/mm/yyyy)

ID Type:

National ID ☐

Passport ☐

ID Number:

Driver's License ☐

Other (pls specify) ☐

ID Issue Date:

(dd/mm/yyyy)

ID Expiry Date:

(dd/mm/yyyy)

Activity to be Conducted on Account:

Retrieve Statements ☐

Ascertain Account Balance ☐

Collect Mail ☐

Mode of Contact:

Email ☐

Telephone ☐

(area code)

-

Other ☐

(pls specify)

Last Name:

First Name:

Middle Name:

Position:

Date of Birth:

(dd/mm/yyyy)

ID Type:

National ID ☐

Passport ☐

ID Number:

Driver's License ☐

Other (pls specify) ☐

ID Issue Date:

(dd/mm/yyyy)

ID Expiry Date:

(dd/mm/yyyy)

Activity to be Conducted on Account:

Retrieve Statements ☐

Ascertain Account Balance ☐

Collect Mail ☐

Mode of Contact:

Email ☐

Telephone ☐

(area code)

-

Other ☐

(pls specify)

Last Name:

First Name:

Middle Name:

Position:

Date of Birth:

(dd/mm/yyyy)

ID Type:

National ID ☐

Passport ☐

ID Number:

Driver's License ☐

Other (pls specify) ☐

ID Issue Date:

(dd/mm/yyyy)

ID Expiry Date:

(dd/mm/yyyy)

Activity to be Conducted on Account:

Retrieve Statements ☐

Ascertain Account Balance ☐

Collect Mail ☐

Mode of Contact:

Email ☐

Telephone ☐

(area code)

-

Other ☐

(pls specify)



Account Opening Form for Non-Personal

ADDENDUM 2

SECTION D PART I: DETAILS OF ENTITY OFFICERS

(To be completed for each additional Director, Shareholder, Principal Owner Signers, Settler/ Guarantor, Protector and Beneficiary. Fill in this section and print as needed or make blank copies for completion by hand for additional officers associated with the entity.)

25. Are you an existing JN Group customer? Yes ☐ No ☐ (If yes, indicate JN company/companies)

26. Are you an existing JN Bank customer? Yes ☐ No ☐ (f yes, indicate a/c #)

27. Last Name: First Name: Middle Name:

28. Date of Birth : (dd/mm/yyyy)

29. Gender: Male ☐ Female ☐

30. Telephone (Home): - (area code) Mobile: - (area code) Work: - (area code)

31. (Select all applicable positions)

Director ☐ Trustee ☐ Signer ☐ Guarantors ☐ Protectors ☐ Shareholder ☐ (25% or over)

Beneficiaries ☐ Settlers ☐ Partner ☐

For Shareholders Only (25% or over) Total Shares (no. of units) Percentages of Shareholding: %

32. ID Type: National ID ☐ Passport ☐ Driver's License ☐ Other (please specify)

ID Number: ID Issue Date: (dd/mm/yyyy) ID Expiry Date: (dd/mm/yyyy)

33. Reference Type: TRN ☐ SSN ☐ SIN ☐ NIN ☐ Reference #

34. TIN: Yes ☐ No ☐ Reference #

35. Country / Place of Birth: 36. Country of Citizenship:

37. How long have you resided at current address? 0-4 Year(s) ☐ 5 or more years ☐

38. Residential Address

Street 1:

Street 2:

Street 3:

City/Town:

Residential Area/District:

Post Office/Zip Code:

Province/State/Parish/County:

Country:

39. Previous Address:

(If not residing at current address for more than 5 years)

Street 1:

Street 2:

Street 3:

City/Town:

Residential Area/District:

Post Office/Zip Code:

Province/State/Parish/County:

Country:



Account Opening Form for Non-Personal

ADDENDUM 2 contd'

SECTION D PART I: DETAILS OF ENTITY OFFICERS

40. Mailing Address: *If different from residential address*

Street 1:

Street 2:

Street 3:

City/Town:

Residential Area/District:

Post Office/Zip Code:

Province/State/Parish/County:

Country:

41. Proof of Address:

Bank / Credit Card Statement ☐

Utility ☐

Other (please specify) ☐

42. Email

Address:

43. Other Company / Entity Affiliations:

44. Employment Status: Employed ☐ Unemployed ☐ Student ☐ Self Employed ☐ Retired ☐

45. Employer's Address:

Street 1:

Street 2:

Street 3:

City/Town:

Residential Area/District:

Post Office/Zip Code:

Province/State/Parish/County:

Country:

46. Place of Employment: *(If Applicable)*

47. Occupation:

48. Telephone:

 -

49. Previous Employer: *(If less than 3 years at present work)*

50. Referee 1

Name:

Category: *(See List)*

Contact Number/s

51. Referee 2

Name:

Category: *(See List)*

Contact Number/s



Entity Self-Certification

Section 1: Account Holder Identification		
Account Holder Name	Date of Incorporation/Organization	Country
Registered Address:		
Number & Street		City/Town
State/Province/County	Post Code	Country
Mailing address (if different from above):		
Number & Street		City/Town
State/Province/County	Post Code	Country

Section 2: U.S.

Please tick and complete as appropriate.

- (a) ☐ The entity is a **Specified U.S. Person** and the entity's U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

- (b) ☐ The entity is a U.S. Person that is not a Specified U.S. Person. Indicate exemption¹ _____.

Section 3: Declaration of Tax Residency (other than U.S.)

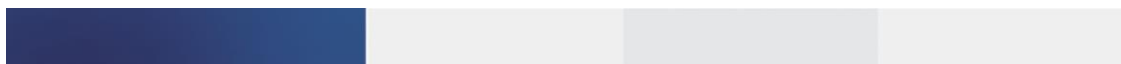
Complete this Section if you have non-U.S. tax residencies. Please indicate the Entity's place of tax residence (if resident in more than one country please detail all countries and associated tax reference number type and number).

Country/countries of tax residency	Tax reference number type	Tax reference number

Complete Section 4 and proceed to Section 5: Declaration and Undertakings.

Section 4: Entity FATCA Classification

¹ Under the US IGA and in the U.S. Internal Revenue Code, Specified US Person does not include: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37); The United States or any of its agencies or instrumentalities; A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities; A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i); A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i); A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state; A real estate investment trust; A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940; A common trust fund as defined in section 584(a); A bank as defined in section 581; A broker; A trust exempt from tax under section 664 or described in section 4947; or A tax-exempt trust under a section 403(b) plan or section 457(g) plan.





4.1 If you are a **Registered Financial Institution**, please tick one of the below categories, and provide your **FATCA GIIN** at 4.1.1.

- (a) ☐ Jamaican or IGA Partner Jurisdiction Financial Institution
(b) ☐ Registered OR Certified Deemed Compliant Foreign Financial Institution
(c) ☐ Participating Foreign Financial Institution

4.1.1 Please provide your *Global Intermediary Identification number (GIIN)*: _____

4.2 If you are a **Financial Institution but unable to provide a GIIN**, please tick one of the below reasons:

- (a) ☐ The Entity is a Model 1 Financial Institution and has not yet obtained a GIIN but intends to do so, if required.
(b) ☐ The Entity is a Sponsored Financial Institution and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.
Sponsoring Entity's Name: _____ Sponsoring Entity's GIIN: _____
(c) ☐ The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN.
Trustee's Name: _____ Trustee's GIIN: _____
(d) ☐ The Entity is a Certified Deemed Compliant, or otherwise Non-Reporting, Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution). Indicate exemption: _____
(e) ☐ The Entity is an Excepted Foreign Financial Institution. Indicate exemption: _____
(f) ☐ The Entity is a Non-Participating Foreign Financial Institution
(g) ☐ The Entity is a US Financial Institution

4.3 If you are not a Foreign Financial Institution, please confirm the Entity's FATCA status below: (See Glossary)

- (a) ☐ The Entity is an **Exempt Beneficial Owner** Indicate status: _____
(b) ☐ The Entity is an **Active Non-Financial Foreign Entity** (including an Excepted NFFE)
(c) ☐ The Entity is a **Passive Non-Financial Foreign Entity** (please complete table below providing details of any **Controlling Persons**²)

Full Name	Date of birth	Full residence address	Details of controlling person's beneficial interest*	Country(ies) of tax residence	Tax reference type and number

***Natural persons that are Controlling Persons should also complete the Individual Self-Certification**

Section 5: Declaration and Undertakings

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete. I/We undertake to advise the recipient promptly and provide an updated Self-Certification 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/we hereby consent to the recipient sharing this information with the relevant tax information authorities.

Authorised Signature: _____ Authorised Signature: _____

Position/Title: _____ Position/Title: _____

Date: (dd/mm/yyyy): _____ Date: (dd/mm/yyyy): _____

² Means the natural persons who exercise control over an Entity. For companies and similar legal persons, it depends on the ownership structure of the company and will include any person owning 10% or more of the company (or legal person). For trusts and other similar legal arrangements, it will include the settler, the trustee(s), the protector (if any), the beneficiaries, and any other natural person exercising ultimate effective control over the trust.



JN Bank Limited is obliged under the Revenue Administration (Amendment) Act, 2015 and the Intergovernmental Agreements ("IGA") entered into by the Jamaica and the United States of America, , to collect certain information about each account holder. Please note that in certain circumstances we may be obliged to share this information with TAX ADMINISTRATION JAMAICA (TAJ).

If any of the information above regarding your tax residence or FATCA classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about your tax status and how it is impacted by the completion of this form, please contact your tax advisor.

GLOSSARY OF TERMS

Active Non-Financial Foreign Entity (including an Excepted NFFE):

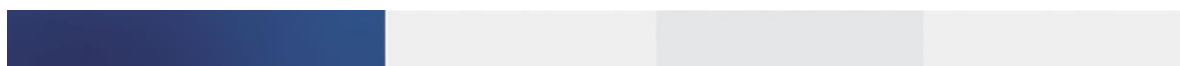
- i. operated exclusively for religious; charitable, scientific; artistic; cultural; athletic; or educational purposes.
- ii. Professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league, operated exclusively to promote social welfare
- iii. Organization exempt from income tax in jurisdiction of residence
- iv. Has no shareholders or members (no propriety interest in income/assets)
- v. Less than 50% of the gross income for preceding calendar year is Passive Income; and less than 50% of the assets (held in the preceding calendar year are held for the production of passive income)
- vi. Stock regularly traded on stock market;
- vii. Government body (except US Gov't); public body performing Gov't functions; Gov't of a US Territory; non-US central bank
- viii. Organized in a U.S. territory and all owners are US residents

Exempt Beneficial Owner:

- i. Government entities, International Organizations and Central Banks
- ii. Present a low risk of being used by U.S. Persons to evade US tax;
- iii. Non – reporting Jamaica Financial Institution;
- iv. Available classifications are extensive and complex

Passive Non-Financial Foreign Entity (NFFE):

- i. Non-Financial Foreign Entity that is not an Active NFFE;
- ii. Primarily earns passive income (interest, dividends, rents, royalties)
- iii. More than 50% of its gross income over the last three (3) year period is passive income.





Individual Self-Certification

Section 1: Account Holder Identification

Account Holder Name	Date of Birth (dd/mm/yyyy)	Country of Birth
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Contact Information:

Home Number	Mobile Number	E-mail
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Permanent Residence Address:

Number & Street	City/Town
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State/Province/County	Post Code	Country
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Mailing address (if different from above):

Number & Street	City/Town
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State/Province/County	Post Code	Country
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Section 2: Declaration of U.S. Citizenship or U.S. Residence for Tax purposes

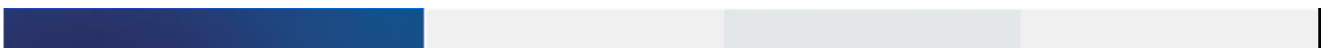
Please tick either (a) or (b) or (c) and complete as appropriate.

- (a) ☐ I confirm that **I am a U.S. Person** (an American citizen, dual citizen, lawful permanent resident (Green Card Holder) or resident under the substantial presence test) and my **U.S. federal taxpayer identifying number (U.S. TIN)** is as follows:

U.S. federal taxpayer identifying number (U.S. TIN)

- (b) ☐ I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

- (c) ☐ I confirm that **I am not a U.S. Person.**





Section 3: Declaration of Tax Residency (other than U.S.)

Complete this section if you have non-U.S. tax residencies. I hereby confirm that I am, for tax purposes, 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

Section 4: Declaration and Undertakings

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 the recipient promptly and provide an updated Self-Certification 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 the recipient sharing this information with the TAX ADMINISTRATION JAMAICA (TAJ).

Signature: _____

Date: (dd/mm/yyyy): _____

JN Bank Limited is obliged under the Intergovernmental Agreements ("IGA") entered into by the Jamaica and the United States of America, in relation to the automatic exchange of information for tax matters ("FATCA"), to collect certain information about each account holder. Please note that in certain circumstances we may be obliged to share this information with TAX ADMINISTRATION JAMAICA (TAJ).

If any of the information above regarding your tax residence or FATCA classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about your tax status and how it is impacted by the completion of this form, please contact your tax advisor.

