

Personal Customer Information Form (Please complete all fields and enter N/A if Not Applicable)

Custom	ner Information			
Title: O Mr O Miss O Mrs O Other	Suffix: O Jr. O Sr. O Other			
Last Name: First Name:	Middle Name:			
Maiden Name: Gender: C	Male			
Alias / Pet Name: Place of Birth	Date of Birth: (YYYY/MM/DD)			
Nationality: Country of Residence	Are you a green card holder?			
Contact Number:	Email:			
Mobile:	Personal:			
Work:	Business:			
Other:	Business Fax:			
Business:				
Home Address:	Mailing Address: (if different from home address)			
Street Address:	Street Address:			
Street Address:	Street Address:			
Sector:	Sector:			
City / Town:	City / Town:			
Residential Area / District:	Residential Area / District:			
Post Office / Zip Code:	Post Office / Zip Code:			
Province / State / Parish / County:	Province / State / Parish / County:			
Country:	Country:			
Address Status:	Other			
Proof of Address: O Cable / Utility Bill Bank / Cre Receipt	dit Card Statement ONational ID Property Tax			
OJN Bank Verification form	Rent Receipt / Copy of Lease Agreement			
How long have you resided at current address? ○ 0-4				
Previous Address:	In Care of Address:			
Street Address:	Street Address:			
Street Address:	Street Address:			
Sector:	Sector:			
City / Town:	City / Town:			
Residential Area / District:	Residential Area / District:			
Post Office / Zip Code:	Post Office / Zip Code:			
Province / State / Parish / County:	Province / State / Parish / County:			
Country:	Country:			

Identification					
Identification Type: O Driver's Licence O Passport O National ID O Birth Certificate (0-11 years) O Student ID Other (Insert Type) ID Number:					
Date of Issue: Date of Expiry: Issuing Country:					
Reference Type: O TRN OSSN OSIN OTIN ONIN Reference Number:					
Have you spent six or more months in the U.S within the last three (3) years? OYes ONo FOR OFFICIAL USE ONLY: I have seen customer's SSN, SIN, TIN, NIN:					
Mother's Maiden Name: OYes ONo					
Employment					
Employment Status: O Employed O Unemployed O Student O Self-employed O Retired					
Place of Employment: Occupation:					
Employment Category: O Clerical O Supervisor O Asst Manager O Manager O Executive O Other					
Employment Country: Previous Employer:					
(if less than 3 years at present employment)					
Employer's Address					
Street Address: Residential Area / District:					
Street Address: Post Office / Zip Code:					
Sector: Province / State / Parish / County:					
City / Town: Country:					
Financial Information					
Initial Deposit Information					
Currency Type:					
Currency Type: O USD Initial Deposit Amount: \$					
Currency Type: OGBP Initial Deposit Amount: \$					
Currency Type: O CAD Initial Deposit Amount: \$					
Source of Funds: O Salary O Pension Payment O Income from Investment O Income from Business Activity					
Remittance Other (Please state)					
Income Information					
Income Currency:					
Future Deposit Information					
Currency of Future Deposits:					
Frequency of Future Deposits: O Weekly O Fortnightly Future Deposit Amount: \$					
○ Monthly ○ Other					
Currency of Future Deposits: O USD					
Frequency of Future Deposits: O Weekly O Fortnightly Future Deposit Amount: \$					
O Marrithus O Others					
○ Monthly ○ Other					

	○ GBP					
Frequency of Future Deposits	: O Weekly	○ Fortnightly	Future Deposit A	mount: \$		
	O Monthly	O Other				
Currency of Future Deposits:	○ CAD					
Frequency of Future Deposits	: O Weekly	○ Fortnightly	Future Deposit Am	nount: \$		
	O Monthly	O Other				
Name of Primary Bank:			Branch:			
Reason for Saving:						
		Additional	Information			
Do you or any member of your immediate family presently hold of have ever held a prominent public function (whether in Jamaica or any foreign country), such as a Head of State, Head of the Opposition Political Party, Member of Parliament, Senior Member of the Judiciary, Head of the Military or Police Force, CEO of a Statuary Body / Government Body or Agency?						
ONo OYes	If yes, plea	se state:				
Are you a personal / profession	onal associate	of any of the forego	ing public officials?			
ONo OYes	If yes, plea	se state:				
Kind	ly provide th	e following infor	mation so we car	n serve you better		
Existing Account Type (Tides) Savings CD CL	.oans	Account Numbe	<u> </u>	Name of Joint Account Holder (if any)		
	oans					
Gamingo Gaz Gr						
By submitting this application, I agree to the following:						
I. I/We understand and agree that by opening an account with JN Bank Limited I/We become a shareholder of The Jamaican National Group Limited (JN Group Ltd) and my/our contact information will be shared with JN Group Ltd for the purpose of communicating with its shareholders.						
I/We understand and agree that by	opening an accoun	t with JN Bank Limited I/				
I/We understand and agree that by Ltd) and my/our contact information w I/ We agree that JN Bank may reconservices of any of its subsidiaries and	opening an accoun ill be shared with Jl ord and store all info	t with JN Bank Limited I/N Group Ltd for the purpo	ose of communicating with ount in such form and by s			
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Customer's Signature:		Date:					
	(YYYY/DD/MM) FOR INTERNAL USE						
Account Created By:							
Branch:							
(for account opened)		Date account w	vas opened:	(YYYY/DD/MM)			
Name of JN Bank Rep:			Signature:				
Branch:							
Checked/ Authorized By:							
Name of JN Bank Authorizing Officer:			Signature:				
Date:	(YYYY/DD/MM)						
	(1111125111111)						
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