

Declaration of Source of Funds Form

This Form is in keeping with the Bank's AML Policy and the Bank of Jamaica (BOJ) Guidance Notes on the Detection and Prevention of Money Laundering and Terrorist Financing Activities which require that we obtain information on customers' source of funds.

Branch/Unit:

PART A: Member / Customer Information

Member/Customer Name:

Account Type: Account Number:

Identification Type and Number: ☐ Passport ☐ ERIC*
*Electoral Registration Identification Card

☐ Driver's Licence* ☐ Other (state type & number)
*Driver's licence control number

Identification Issued by:

Identification Issued Date: Identification Expiry Date:
(yyyy/mm/dd) (yyyy/mm/dd)

PART B: For New Accounts and Reactivation of Dormant Accounts

Please indicate the source(s) of funding for this account:

Estimate frequency of deposits: ☐ Daily ☐ Weekly ☐ Monthly ☐ Annually ☐ Other

Estimate average deposit amount: ☐ Up to \$10,000 ☐ \$10,000 - \$50,000 ☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000 ☐ \$500,001 and above

**PART C: For Cash Transactions over 500 Units (US, CDN, GBP, KYD & EURO)
For Cheque Transactions of over :- JMD \$700,000 , 8000 units (USD, CAD, KYD) , 6000 units EURO or 5000 units GBP**

Person involved in transaction: ☐ Account Holder ☐ Agent:

Date of Birth TRN/SSN/SIN/NIN:
(yyyy/mm/dd)

Present Address

Occupation/Nature of Business:

Telephone Number:
(Home) (Work) (Mobile)

Transaction Amount:

Currency: ☐ JMD ☐ USD ☐ GBP ☐ CAD ☐ EURO ☐ Other

Transaction Type: ☐ A/C Deposit ☐ Wire Transfer ☐ Mortgage Partial Redemption ☐ New Account
☐ FX Sale ☐ FX Purchase ☐ Other (please state)

Source of Funds (JN reserves the right to refuse a transaction if this information is not provided)

Member/Customer's Name: Signature: Date:
(yyyy/mm/dd)

MSO/MSR's Name: Signature: Date:
(yyyy/mm/dd)

Verified By

Branch Manager/
Designate's Name: Signature: Date:
(yyyy/mm/dd)