



**Client Type:**       Individual       Corporate

ACCOUNT NUMBER:

**Section A. ACCOUNT HOLDERS**

Names of all Account Holders (including Signatories) - List Primary Holder first

		FOR INTERNAL USE ONLY	
		Type of A/c Holder	Client's No.
1.		PRIMARY	
2.			
3.			
4.			
5.			
6.			
7.			

**Mailing Address** (Refer to Section 4b of the Customer Information Form (CIF))

**Commission Code** (Refer to Internal Section (page 1) of the Customer Information Form (CIF))

**Section B. SIGNING MANDATE**

Primary Holder Only     Any Holder       All Holders

Any Two Holders     Other: \_\_\_\_\_

**Section C. INVESTMENT OBJECTIVES**

**Purpose of the Account:**

Income                   Education                   Wealth Appreciation

Retirement               Other: \_\_\_\_\_

**Section D. ACCOUNT AUTHORITY**

**Full Discretion** (Client gives full authority to operate account without consultation)

**Partial Discretion** (Client must be contacted before each new transaction)

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

**Section E. INVESTMENT INFORMATION**

**Initial Investment:**

Amount: \$.....  JMD  USD

Type of Lodgement     CASH     CHEQUE     WIRE TRANSFER

A/C TRANSFER >  INTERNAL     EXTERNAL

OTHER: .....

BANK

ACCOUNT#

SOURCE OF FUNDS:

**Section F. PORTFOLIO DIVISION**

	Portfolios	CURRENCY		%age Division
		JMD	USD	
	FIXED INCOME	<input type="checkbox"/>	<input type="checkbox"/>	
	EQUITY	<input type="checkbox"/>	<input type="checkbox"/>	
	MANAGED BONDS	<input type="checkbox"/>	<input type="checkbox"/>	
	PORTFOLIO MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	
	MUTUAL FUNDS	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

FOR INTERNAL USE ONLY:

SALES BRANCH:

DATE CREATED:



### Section G. PROJECTIONS and ACCOUNT FUNDING

ACTIVITIES	CURRENCY	AMOUNT (\$)	FREQUENCY	SOURCE OF FUNDS
Expected Lodgements				
Expected Withdrawals				

### Section H. CORRESPONDENCE DELIVERY

How should your statements and other correspondence be sent?  BY POST OFFICE  BY E-MAIL  HOLD MAIL C/O VMWM

### Section I. SPECIAL INSTRUCTIONS

PLEASE SPECIFY ANY ADDITIONAL INSTRUCTIONS:

### Section J. TERMS AND CONDITIONS

The account shall be governed by the terms and conditions set out in the Account Agreements and I acknowledge receipt of same.

### Section K. DECLARATION

I hereby certify that the information provided on this form is correct and complete.

Names of Clients on <b>Individual A/c only</b>	Client's Signature:	VM Witness's Signature:	Date:
1.			
2.			
3.			
4.			

#### Names of Clients on **Corporate A/c only**

DIRECTOR'S/OWNER'S NAME:	SIGNATURE:	DATE:	Please place stamp or seal in this box
COMPANY SECRETARY'S NAME:	SIGNATURE:	DATE:	

### Section L. CERTIFICATION

To be completed by a Justice of the Peace or Attorney at Law if this form &/or supporting documents are signed outside the offices of Victoria Mutual Wealth Management Limited (VMWM) or Victoria Mutual Building Society (VMBS). A Notary Public must certify documents that are signed overseas.

I hereby certify that the signature appearing on this form and on the accompanying documents was affixed in my presence, by the named applicant.

NAME:	TELEPHONE:	SIGNATURE:	Please place stamp or seal in this box
ADDRESS:		DATE:	

<b>For Internal Use Only</b>		Name	Signature	Date
	ENTERED BY			
	VERIFIED BY:			
	APPROVED BY:			