



INSTRUCTION: Please complete a separate CIF for all individuals named on each account. Powers of Attorney **do not** complete Sections 6 & 10.

Section 1: PERSONAL DATA

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other:	
First Name:		Middle Name:		Last Name:	
Maiden Name (if applicable):		Alias Name:		Mother's Maiden Name:	
Spouse's Full Name:					

Section 2: CITIZENSHIP AND RESIDENCY

Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yyyy		Country of Residency:	
Country of Birth:		Residency Status: <input type="checkbox"/> US Green Card Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Citizenship:		<input type="checkbox"/> Other:	
Dual Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list Citizenship below)		Residency Card Number:	
1. 2.		Expiry date:	

Section 3: POWER OF ATTORNEY (If applicable)

Name of Primary A/c Holder: Authorised by deed dated.....,..... on file.

Section 4a: ADDRESSES

Permanent Residence Address (the place you call home): No. of years at this address

Street No. & Name: _____

District/City/Town: _____

Parish/State/Province: _____

Zip Code/Postal Code: _____ Country: _____

For Internal Use Only

Proof of Residence Address:
(Document issued within the last 3 months):

Utility Bill (E.g. light/water/cable)

Credit Card or Bank Statement

Verified via EOJ Voter's List

Verified via Telephone Directory

Post stamped/marked letter

Site visit to Client's Residence

Other, subject to approval

Current Address (if different from Permanent Residence Address): No. of years at this address:

Street No. & Name: _____

District/City/Town: _____

Parish/State/Province: _____

Zip Code/Postal Code: _____ Country: _____

FOR INTERNAL USE ONLY

SALES BRANCH: _____ DATE CREATED: _____

ACCOUNT NUMBER: _____ CLIENT'S NUMBER: _____

OTHER A/CS HELD AT VMWM: _____

CLIENT TYPE & COMMISSION CODE:	<input type="checkbox"/> STANDARD	<input type="checkbox"/> ASSOCIATE COMPANY	<input type="checkbox"/> NO COMMISSION
	<input type="checkbox"/> VMWM STAFF	<input type="checkbox"/> OTHER VM STAFF/DIRECTOR	<input type="checkbox"/> POWER OF ATTORNEY

NEW CLIENT	<input type="checkbox"/> PRIMARY HOLDER
	<input type="checkbox"/> SECONDARY HOLDER
	<input type="checkbox"/> SIGNATORY
EXISTING CLIENT	<input type="checkbox"/> PRIMARY HOLDER
	<input type="checkbox"/> SECONDARY HOLDER
	<input type="checkbox"/> SIGNATORY



Section 4b: ADDRESSES (Cont'd)

Mailing (Alternate) Address: Same as Permanent Residence Address Same as Current Address As stated below:

Street No. & Name:

District/City/Town:

Parish/State/Province:

Zip Code/Postal Code:

Country:

Previous Address (if changed within the last 5 years):

Street No. & Name:

District/City/Town:

Parish/State/Province:

Zip Code/Postal Code:

Country:

Section 5: E-MAIL & TELEPHONE CONTACT

E-Mail Address:

TYPE	AREA CODE E.G. (876)	LINE NO. E.G. 999-9999	COUNTRY OF CODE E.G. JAMAICA
Home			
Mobile 1			
Mobile 2			
Fax			

Section 6: EMERGENCY CONTACT (Next of Kin)

Title: Miss Mrs. Mr. Other:

Full Name:

Address:

Country:

Tel.No. (Home): Tel.No. (Mobile):
(include Area Code) (include Area Code)

Relationship to Client

Section 7: PERSONAL IDENTIFICATION (ID) INFORMATION

Type of ID: Passport Driver's Licence Voter's ID State ID Citizenship/Residency Card School ID

Birth Certificate + Certified Photograph (for Minors on Equity A/cs only)

ID	ID Number	Country of Issue	Issue Date (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)
1.				
2.				

Section 8a: TAXPAYER IDENTIFICATION INFORMATION

Type of Tax ID: TRN SSN ITIN SIN NIN Other:

ID	ID Number	Country of Issue	Issue Date (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)
1.				
2.				

USA TAX IDs > SSN – Social Security Number & ITIN - Individual Taxpayer Identification Number; CANADA'S TAX ID > SIN – Social Insurance Number; UNITED KINGDOM'S TAX ID > NIN – National Insurance Number



Section 8b: TAXPAYER EXEMPTION INFORMATION

Exemption Number: _____ Dated: _____

Details: _____

Section 9: EMPLOYMENT INFORMATION

- Full-time employment
 Part-time employment
 Self-Employed
 Un-Employed
 Student
 Retired (please state your previous occupation and employer's information below)
 Are you a pensioner? Yes No

Occupation/Profession/Job Title:	No. of Yrs. in current Job:
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Name of Employer or School (Current or Previous): _____

ADDRESS:

Street No. & Name: _____

District/City/Town: _____

Parish/State/Province: _____

Zip Code/Postal Code:	Country:
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Telephone No: (include Area Code) (____) _____ (____) _____ (____) _____

Employer's Type of Business: _____

Section 10: INCOME INFORMATION

- Annual Salary/Income:** **Currency:** JMD USD CAD GBP
 Less than \$50,000
 \$50,000 - 99,999
 \$100,000 - 499,999
 \$500,000 - 1,999,999
 \$2,000,000 - 3,999,999
 \$4,000,000 - 5,999,999
 \$6,000,000 - 9,999,999
 \$10,000,000 - 14,999,999
 \$15,000,000 and over
 VM Group Staff
 N/A - Signing Officer, Director & Power of Attorney

Additional Income (per annum):
 (E.g. Pension, Rent) \$..... Currency: Source of Additional Income:

Section 11: RISK APPETITE:

- Aggressive (High Risk)
 Moderate (Medium Risk)
 Conservative (Low Risk)

Section 12: POLITICALLY EXPOSED PERSONS (PEPs)

Are any of the account holders, signatories, Power of Attorney, or their immediate family members (parents, siblings, spouse, children, and/or in-laws); a current or former senior official in the military, executive, legislative or administrative arms of government, or judiciary of your country of residence or a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by your country of residence or a foreign government?

- Yes No **If yes, Enhanced Due Diligence is required.**



Section 13: ACKNOWLEDGEMENT AND DISCLOSURE

Acknowledgement

I acknowledge that information requested by this form is required for the purpose of Victoria Mutual Wealth Management Limited (VMWM) complying with its legal and regulatory requirements. In the event that full and adequate information is not provided, VMWM hereby expressly reserves the right at its sole discretion to close the account upon giving at least fourteen (14) days prior notice in writing.

Disclosure

VMWM is hereby authorised to disclose to third parties any information about the account holder and the accounts held by the account holder and shall not be liable whatsoever in relation to any information disclosed in any or all of the following circumstances:

- a) The subsidiaries and affiliates of organisations within the Victoria Mutual Group including overseas operations.
- b) To provide your personal and non personal information to credit agencies or credit bureaus as a credit information provider or in response to credit inquiries by other financial institutions or credit agencies or credit bureaus AND to request your personal and non personal information from credit agencies or credit bureaus, financial institutions or any creditor in respect of your credit worthiness.
- c) If VMWM shall deem it necessary to make such disclosures to protect the interest of the company from any harm, loss or injury.
- d) To comply with any requirement for disclosure imposed by laws applicable to the business activities and operations of the company, or pursuant to the directives of the court having jurisdiction in relation to the business activities and operations of VMWM, or to such duly empowered government agency or department or in circumstances where applicable laws of a foreign jurisdiction applies to the business activities and operations of VMWM, including but not limited to compliance with financial regulatory requirements and tax compliance laws.
- e) In any other circumstances in which the account holder shall give written authorisation to make such disclosure.
- f) To government authorities in other countries where you hold residency or citizen status or you are subject to the applicable taxation laws in other countries in respect of accounts held with VMWM, in compliance with laws in respect of foreign account reporting requirements or any agreement entered into by VMWM with such government agency.

We have reviewed, understood and agreed to be bound by the various terms and conditions of the account operation agreement and acknowledge that same may be amended by VMWM in its sole discretion at any time and from time to time, as permitted under those terms and conditions.

We authorise VMWM to obtain independent verification of this information, if necessary.

Client's Name :	Signature:	Date:
VM Witness's Name:	Signature:	Date:

Section 14: CERTIFICATION

To be completed by a Justice of the Peace or Attorney at Law, if this form and/or supporting documents are signed outside the offices of 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 No.:
Address:	
Signature:	Date:

Please Place Stamp or Seal in this Box

	(NAME)	(SIGNATURE)	(DATE)
For Internal Use Only	Entered by:		
	Verified by:		
	Approved by:		