

## ADJUSTMENT TO CLIENT INFORMATION FORM

Date: \_\_\_\_\_ Account Number \_\_\_\_\_

Account Name: \_\_\_\_\_

### ADJUSTMENT(S) TO BE MADE TO THE ACCOUNT:

Addition     
  Deletion(s)     
  Correction(s)     
  Update Banking Info.     
  Other

Details: \_\_\_\_\_  
 \_\_\_\_\_

### Information for Person Being Added to the Account

Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____		Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
_____		_____	
First Name	Middle Name	Last Name	
_____		_____	
Home Address Street	Town/City	Mailing Address (if Different) Street	Town/City
_____		_____	
Parish/State	Post/Zip Code	Country	
_____		_____	
Parish/State	Post/Zip Code	Country	
_____		_____	
TRN		ID Type	ID Number
_____		_____	
Residency	Nationality	Date of Birth (dd/mm/yyyy)	
_____		_____	
Occupation		Primary Email Address	
_____		_____	
Employer		Secondary Email Address	
_____		_____	
Employer Address Street	Town/City	(_____) - _____	(_____) - _____
_____		Phone (Home)	Cellular
Parish/State	Post/Zip Code	Country	
_____		_____	
Parish/State	Post/Zip Code	Country	
_____		_____	
Phone (Work)		Cellular	
_____		_____	
Are you a Director or Senior Officer of a publicly traded company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, name(s) of company(ies) _____			
Are you individually, or as a part of a group, a majority shareholder in a publicly traded company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, name(s) of company(ies) _____			
Interests / Hobbies _____			
Have you or any relative or close associate been entrusted with any prominent public functions in Jamaica or elsewhere? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes give details _____			

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please provide identification i.e. passport / drivers licence / electoral card / TRN (where applicable), and a utility bill for the person being added to the account.**

#### Signing Authority:

Must instruct JNFM  
Jointly with at least  
one other account  
holder

May instruct JNFM  
independently of any  
other account holder

**AND**

**OR**

**AUTHORIZED BY:** \_\_\_\_\_ **(Account Holder's Signature)**      \_\_\_\_\_ **dd/mm/yy**      \_\_\_\_\_ **(Account Holder's Signature)**      \_\_\_\_\_ **dd/mm/yy**

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**COMMUNICATION METHOD:**

(For statements, letters,  
notices etc)

Email    Post    Hold Mail    Hand Delivered

By choosing Hold Mail I agree that JN Fund Managers will hold my correspondence for 90 Days. Thereafter they are authorised to mail all correspondence to me.

**STANDING ORDER INSTRUCTIONS**

I hereby authorize JN Fund Managers Limited to make the below standing order payments to my bank account as noted below. I also acknowledge and agree that where payment instructions are not provided to JN Fund Managers, funds may be transferred to my account below:

**USD Payments**

Bank Name: \_\_\_\_\_

Bank ac #: \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Savings Account

Chequing Account

**JMD Payments**

Bank Name: \_\_\_\_\_

Bank ac #: \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Savings Account

Chequing Account

**Standing Orders**

Bond (Interest / Principal payments) instructions: \_\_\_\_\_

Repurchase agreement instructions: \_\_\_\_\_

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**For Office Use Only****RECEIVED BY:**\_\_\_\_\_  
**Name**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date****ADJUSTMENT MADE BY:**\_\_\_\_\_  
**Name**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date****VERIFIED BY:**\_\_\_\_\_  
**Name**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**