



A member of the Group

### ADJUSTMENT TO CLIENT INFORMATION FORM

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

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

Account Holder's information to Update \_\_\_\_\_

#### SELECT THE ADJUSTMENT(S) TO BE MADE TO THE CLIENT INFORMATION

**NAME CHANGE:** (Please provide us with proof of your name change)

.....  
First Name Middle Name Last Name

**MARITAL STATUS:** (Please provide us with a copy of your Marriage Certificate / Divorce Document

Mr. Miss Ms. Mrs Other..... Single Married Divorce Widowed

**ID:** (Please provide us with a copy of your updated ID)

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

**ADDRESS:** ..... (Please provide us with proof (no more than 3 months old) of your residential address

.....  
Address Street Town/City Parish/State/Province

.....  
Zip Code Country

**POLITICALLY EXPOSED PERSON:**

Have you or any relative or close associate been entrusted with any prominent public functions in Jamaica or elsewhere? Yes No

if yes give details: .....

**DIRECTOR OR MAJOR SHAREHOLDER IN A PUBLICLY TRADED COMPANY:**

Are you a Director, Senior Officer or major shareholder of a publicly traded company? Yes No

If yes, name(s) of company(ies) .....

**CONTACT INFORMATION:**

Phone Number: ..... Email Address: .....

Phone Number: ..... Email Address: .....

**SIGNING AUTHORITY:**

Must instruct JNFM  
Jointly with at least  
one other account  
holder

May instruct JNFM  
independently of any  
other account holder

**AND**

**OR**

**EMPLOYMENT:**

**Status:**

Employed - Position .....

Unemployed

Student - Name of School: .....

Retired - Position prior to retirement: .....

**Employer Information:**

Name .....

Address .....

Phone Number(s) .....

**COMMUNICATION METHOD:**

(For statements, letters, notices etc.)

Email Address: .....

**FATCA:**

Tax Residency: .....

Tax ID Number: .....

**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**

**JMD Payments**

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

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

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

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

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

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

Savings Account                      Chequing Account

Savings Account                      Chequing Account

**Standing Orders**

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

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

I/We hereby certify that the information provided herein is to the best of our knowledge factual, and consent to JN Fund Managers updating our records accordingly.

**AUTHORIZED BY:** \_\_\_\_\_  
*Account Holder's Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*dd/mm/yy*

\_\_\_\_\_  
*Account Holder's Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*dd/mm/yy*

\_\_\_\_\_  
*Account Holder's Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*dd/mm/yy*

**For Office Use Only**

**RECEIVED BY:** \_\_\_\_\_

**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**ADJUSTMENT MADE BY:** \_\_\_\_\_

**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**VERIFIED BY:** \_\_\_\_\_

**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**