

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**AND** ☐May instruct JNFM
independently of any
other account holder**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:

TRANSACTION FREQUENCY:

Expected Transaction
Frequency:
Expected transaction amount
for frequency:

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

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:

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

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Signature

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dd/mm/yy

.....
Account Holder's Name

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Signature

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dd/mm/yy

For Office Use Only

RECEIVED BY:

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Name

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Signature

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Date

ADJUSTMENT MADE BY:

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Name

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Signature

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Date

VERIFIED BY:

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Name

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Signature

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Date