



ADJUSTMENT TO CLIENT INFORMATION FORM

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FATCA: TRANSACTION FREQUENCY: Tax Residency: **Expected Transaction** Frequency: Tax ID Number: **Expected transaction amount** for frequency: **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 transfered to my account below: **USD Payments JMD Payments** Bank Name: ___ Bank Name: Bank ac #: _____ Bank ac #: Bank Branch: Bank Branch: **Chequing Account** Savings 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 dd/mm/yy Signature

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

Signature

dd/mm/yy

Account Holder's Name