A/C #: _____

INDIVIDUAL CUSTOMER APPLICATION FORM

NCB Capital Markets Limited ("the Company") hereby confirms that, as from the Opening Date specified below, the Company has opened an investment account in the name(s) of the individual(s) specified below and having the account number specified above and has credited thereto the Initial Investment Amount specified below, which is governed by the terms and conditions as set out in the "**NCB Capital Markets Ltd. Client Account Opening Agreement**".

Please print all information in BLOCK letters.

Account Type: ☐ **Fixed Income** ☐ **Equity** ☐ **Mutual Funds** ☐ **Long-Term Tax-Free** ☐ **Other:** _____

From Branch:	
Wealth Manager:	

1. Opening Date: The _____ day of _____ 20_____

2. First Name	**Middle Name**	**Last Name**	**ID Type & No.**	**Date of Birth** *(d d / m m / y y y y)*
(PRINCIPAL)				
(JOINT 1)				
(JOINT 2				
(JOINT 3)				

3. Nationality	**TRN/SSN**	**Sex**	**Home Phone**	**Work Phone**	**Fax**
(PRINCIPAL)		☐M ☐F			
(JOINT 1)		☐M ☐F			
(JOINT 2)		☐M ☐F			
(JOINT 3)		☐M ☐F			

ID: *The identification types are: PP-Passport, DL-Drivers License, NI-National Identification Card.*
TRN: *With the exception of minors, all resident nationals should possess a Tax Registration Number (TRN). Foreign nationals are required to produce their social security or tax registration number.*
Copies of both the TRN and ID are required for the Company's record. In the absence of an authorised officer of the Company, the ID must be authorised by either a Justice of the Peace, Police Officer, Minister of Religion or Notary Public. The Treaty tax rate for foreign nationals will only be affected upon presentation of Passport or Social Security card of country of residence).

4. Current Home Address Apt. &/or Street	City & Parish/State	Country & Postal Code	**Yrs in residence**
(PRINCIPAL)			
(JOINT 1)			
(JOINT 2)			
(JOINT 3)			

5. Previous Home Address Apt. &/or Street	City & Parish/State	Country & Postal Code	**Yrs in residence**
(PRINCIPAL)			
(JOINT 1)			
(JOINT 2)			
(JOINT 3)			

6. Mailing Address: (Apt. &/or St.) _____

City & Parish/State _____

Country & Postal Code _____

Email Address: _____

Mailing Instructions:
☐ Hold
☐ Send to Mailing Address
☐ Fax
☐ Email

7. Account Authority: ☐ Individual ☐ Joint & ☐ Joint &/or ☐ Trust Account
☐ As Custodian For _____ ☐ In Trust For _____

8. Payment Instructions: **Make all payments to NCB account #:** ☐☐☐☐☐☐☐☐☐☐
Repurchase Agreements
☐ Pay all/portion of interest ☐ Pay all/portion of principal ☐ Roll until further instruction
Percentage to be paid: _____ % ***OR*** **Fixed amount to be paid** _____

9. Reference Information Name	Address
(PRINCIPAL)	
(JOINT 1)	
(JOINT 2)	
(JOINT 3)	

10. Current Employer Information			
Employer/Business Name	Employer's Address/Telephone	Occupation	Yrs employed
(PRINCIPAL)			
(JOINT 1)			
(JOINT 2)			
(JOINT 3)			

11. Previous Employer Information	
Employer/Business Name	Previous Employer's Address/Telephone
(PRINCIPAL)	
(JOINT 1)	
(JOINT 2)	
(JOINT 3)	

12. Annual Income	Less than 500,000	500,000 – 1,000,000	1,000,001–1,500,000	1,500,001-2,500,000	2,500,001-3,500,000	Over 3,500,000
PRINCIPAL	☐	☐	☐	☐	☐	☐
JOINT 1	☐	☐	☐	☐	☐	☐
JOINT 2	☐	☐	☐	☐	☐	☐
JOINT 3	☐	☐	☐	☐	☐	☐

13. Principal's Profile: **Risk Tolerance:** ☐ Conservative (low risk) ☐ Moderate (medium risk) ☐ Aggressive (high risk)

Conservative: *Cautious, having a risk-averse investment strategy which has preservation of capital as a high priority.*
Moderate: *Willing to accept some risk for a potential higher rate of return.*
Aggressive: *An investment strategy characterised by a willingness to accept above-average risk in pursuit of above-average returns.*

Manager Authority: ☐ Full discretion ☐ Partial discretion ☐ Custody

Full discretion: *Client grants full authority without consultation*
Partial discretion: *Client must be contacted before execution of any trade or transaction*
Custody: *No discretion to trade, assets are for safe-keeping and reporting only*

14. Specific Investment Objectives: ☐ Home Ownership ☐ Pension/Retirement ☐ Education ☐ Cash Flow ☐ Other _____

15. Referral Source: ☐ Staff ☐ Customer ☐ Branch ☐ Print ☐ Radio ☐ Television ☐ Other _____

Please have all accountholders sign in the spaces provided below, in the order in which their names are written in Section 1 above.

I/We hereby certify to NCB Capital Markets Limited that the signatures below and signing authority are authentic and that the person(s) indicated below are authorized to give instructions for the operation of the account. *In order to assist the Company in providing me/us with accurate and up-to-date service and in order that this account may be efficiently serviced, I/we agree to the sharing of the information set out in this form with National Commercial Bank Jamaica Ltd. and its subsidiaries.*

	WITNESS'S NAME	
PRINCIPAL'S SIGNATURE	*WITNESS'S SIGNATURE*	*DATE*
	WITNESS'S NAME	
JOINT 1'S SIGNATURE	*WITNESS'S SIGNATURE*	*DATE*
	WITNESS'S NAME	
JOINT 2'S SIGNATURE	*WITNESS'S SIGNATURE*	*DATE*
	WITNESS'S NAME	
JOINT 3'S SIGNATURE	*WITNESS'S SIGNATURE*	*DATE*

NCB Capital Markets Limited reserves the right to reject any application. The grounds for rejection will be communicated to the applicant. NCB Capital Markets Limited will at its sole discretion close any account suspected to be operated for the purpose of laundering money, or supporting any illegitimate enterprises or which fails to provide mandatory information requested within 45 days of opening or falsifies mandatory information or whose continued operations compromises the values of NCB Capital Markets Limited and the rules and regulations governing our business.

Date Opened: _____ **Entered by:** _____ **Checked by:**_____ **Approved by:** _____