



# FINANCIAL SERVICES LIMITED

7 Belmont Road  
Kingston 5  
Telephone: 960-4321-6  
Fax: 960-4327

Shop 7 Liguanea Plaza  
Kingston 6  
Telephone: 977-0994  
Fax: 970-2162

1 Manchester Road  
Mandeville  
Telephone: 961-0330  
Fax: 961-4569

1-3 Manchester Road  
May Pen, Clarendon  
Telephone: 986-4683  
Fax: 961-4569

## CORPORATE CLIENT PROFILE FORM

### Company Information:

Registered Company Name: \_\_\_\_\_  
*(Business Name as per Company Documents)*

Description / Nature of Business: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_  
*(dd/mmm/yyyy)*

TRN: \_\_\_\_\_  
*(If Business is a "Trading as" or "Sole trader" please include the TRN extension)*

Registered Company Address: \_\_\_\_\_

Parish/Providence: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address *(if different from Registered Company Address)*: \_\_\_\_\_

\_\_\_\_\_ Parish/Providence: \_\_\_\_\_ Country: \_\_\_\_\_

Does the company have special authorization under the BOJ Act (or its equivalent in other countries) pertaining to foreign exchange activities?  No  Yes If Yes, please indicate the Cambio Pin / Registration number: \_\_\_\_\_

### Financial Details & Projected Activity Level

Projected Transaction Amount and Frequency (E.g. JAD 1,500,000.00 per week): \_\_\_\_\_

General Purpose for FX activity: \_\_\_\_\_

Main Source of Funds: \_\_\_\_\_

Total Capital Last Financial Year: \_\_\_\_\_ Total Assets Last Financial Year: \_\_\_\_\_

Total Liabilities Last Financial Year: \_\_\_\_\_

### Banking Details (Primary Banker)

Account No: \_\_\_\_\_ Account Name: \_\_\_\_\_

Type & Currency: \_\_\_\_\_ Bank Name & Branch: \_\_\_\_\_

### Authorized Signatories (List of persons authorized to sign on the bank account detailed above on behalf of the company)

	Full Name (Title, First Name, Last Name)	Title/ Position	TRN	Signature
1				
2				



# FINANCIAL SERVICES LIMITED

## Company Relationship Information

Each Shareholder, Director, Authorized Signatory must also submit the supporting documents detailed in the checklist at the end of this form. (Additional persons can be provided in the Supplemental Sheet)

**\*\*Politically Exposed Persons (PEP):** Any person or their immediate family members (spouse\*, child, parents, siblings, child's spouse) or their close business associates, a current or former Head of Government, member of any House of Parliament, Minister of Government, member of the judiciary, military official above the rank of Captain, member of the police above the rank of Assistant Commissioner, Permanent Secretary of Chief Technical Director in charge of a Government department/ministry/executive agency/statutory body, official of any political party &/or director of CEO of any company owned by a foreign Government. (\*including common-law)

**Principal Shareholders:** (Any owner or shareholder of the business with shareholding of 10% or more) Each shareholder must also submit the supporting documents detailed in the checklist at the end of this form. (Additional persons can be provided in the Supplemental Sheet)

### Principal Shareholder #1

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a PEP?  No  Yes. ||

Have you ever been a PEP?  No  Yes.

If Yes, in what capacity? \_\_\_\_\_

### Principal Shareholder #2

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a PEP?  No  Yes.

Have you ever been a PEP?  No  Yes.

If Yes, in what capacity? \_\_\_\_\_

## Directors

### Director #1

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Are you a PEP?  No  Yes

Have you ever been a PEP?  No  Yes.

If Yes, in what capacity? \_\_\_\_\_

### Director #2

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Are you a PEP?  No  Yes

Have you ever been a PEP?  No  Yes.

If Yes, in what capacity? \_\_\_\_\_

## Authorized Traders (List of persons authorized to conduct trades on behalf of the company)

	Full Name (Title, First Name, Last Name)	Title/ Position	TRN	Signature
1				
2				
3				
4				



# FINANCIAL SERVICES LIMITED

**Bearer**s (List of persons authorized to collect documents/ receive information on behalf of the company)

	Full Name (Title, First Name, Last Name)	ID Type (D/L, P/P, N/I)	ID Number	Signature
1				
2				

## Declaration and Consent

I/We understand that the information provided herein is the basis for opening such account and warrant that such information is accurate in all respects. In consideration of AFSL opening the said account I/We agree to provide any documents and further information requested by the AFSL on the opening of the account or from time to time thereafter and to abide by AFSL requirements and all laws and regulations concerning the said account(s).

I/we agree that AFSL shall be entitled to close my account forthwith if it deems the information provided herein to be insufficient or inaccurate, in the event of any breach of any laws with respect to the said account or for any other lawful reason whatsoever.

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

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_  
(dd/mmm/yyyy)

Date: \_\_\_\_\_  
(dd/mmm/yyyy)



Kindly submit this form with the required supporting documents.

## FOR OFFICIAL USE BY AFSL STAFF

Documents received from client:

- IDs, TRN, & Proof of Residential Address for Directors, Shareholders, Signatories  IDs & TRN for Traders & Bearers
- Business Name Registration Cert.  Proof of address  Audited Financial Statements  Certificate of Incorporation
- Articles of Incorporation or Memorandum & Articles of Association  Company TRN
- TCC  Other Business Licence  Other: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd.mm.yyyy)



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1-3 Manchester Road  
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Telephone: 986-4683  
Fax: 902-7157

### **SUPPORTING DOCUMENTS FOR THE CORPORATE CLIENT PROFILE FORM**

The completed Corporate Client Profile Form should be submitted along with the following certified documents where applicable:

*(Photocopied or scanned documents should be certified by a Justice of the Peace (JP) or Notary Public)*

- Business Taxpayer Registration Number (TRN Assignment Slip)
- Business Name Registration (applicable to “Trading as”)
- Certificate of Incorporation
- Articles of Incorporation (or both documents below)
  - Memorandum of Association
  - Articles of Association
- Current Tax Compliance Certificate (Confirmation page displaying the expiration date)
- Certificate of Registration (for Charities/ Non-Profit Org. Issued by Cooperative & Friendly Societies)
- Current Licence (where applicable e.g. Cambio Licence)
- Current Audited Financial Statements (Must be signed by directors)
- Detailed Status Letter (should include Company Name, shareholder names, share allotment, and directors’ names, where this is not available the most recently filed Annual Return can be accepted)
- Proof of Address for Business
- Proof of Residential Address for majority Shareholders and Directors
- Valid Identification documents (National ID, Passport, Driver’s Licence) for Shareholders, Directors, Persons Authorized to conduct FX trades, and Persons Authorized to act as a bearer on behalf of the company
- Email/Fax Indemnity Form (applicable for completion of email and faxed requests)
- AML/CFT Manual (applicable to Cambios)
- Source of Funds Declaration Form (to be accompanied by supporting documents)
  - E.g. Sale of Property/ Business/ Assets – Agreement for Sale, Letter of verification from the Attorney at Law having carriage of the sale