



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

INDIVIDUAL CLIENT PROFILE FORM

Personal Information:

Title: _____ Full Name: _____
(Mr. Miss, Mrs) *First Name* *Middle Initial* *Surname*

Alias (if applicable): _____ Gender: Male Female

Marital Status: Single Married Divorced Widow/Widower Separated Other: _____

Date of Birth (dd/mm/yyyy): _____ Country of Birth: _____

TRN: _____ Nationality: _____ Country of Citizenship: _____

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)*

Are you a PEP? No Yes || Have You ever been a PEP? No Yes

If Yes, in what capacity? _____

Expected Amount and Frequency of Transactions: Daily Weekly Monthly Quarterly Amount: _____

Contact Information:

(Proof of address required – Must be in your name, have your residential address on it and must not be older than 3 months)

Residential Address: _____

Mailing Address: _____
(If different from above)

Address of Residence outside of Jamaica: _____
(If applicable)

Home Telephone No.: _____ Cell/ Fax: _____ Email: _____

Employment Information:

Status: Employed Self-Employed Unemployed Retired Student Other, please specify: _____

Business Name *(if self-employed)* / Employer Name: _____

Business / Employer Address: _____

Nature of Industry: _____ Job Title: _____ Telephone No.: _____

Main Source of Funds: _____



ALLIANCE
FINANCIAL SERVICES LIMITED

Declaration and Consent

I hereby request that Alliance Financial Services Limited (AFSL) open the account specified above. I 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 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 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.

Signature of Client: _____ Date: _____
(dd/mm/yyyy)

Kindly submit this form with the required supporting documents.

FOR OFFICIAL USE BY AFSL STAFF

Documents received from client

- Driver's Licence (Local / International) Passport National ID/Electoral ID Resident Card
- Birth Certificate (Minors) Proof of address Proof / Verification of Source of Funds (*give details notes below*)
- TRN Certified / Notarized Photo (Minors Only) Other: _____

Notes: _____

Name Signature Date (dd.mm.yyyy)



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: 902-7157

SUPPORTING DOCUMENTS FOR THE INDIVIDUAL CLIENT PROFILE FORM

The completed Individual 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)

- Taxpayer Registration Number (TRN Assignment Slip)
- Proof of Residential Address
- Email/Fax Indemnity Form (applicable for completion of email requests)
- Valid ID (National ID, Passport, Driver's Licence)
- Source of Funds supporting documents
 - Employment income – most recent payslip or letter of employment verifying salary
 - Inheritance – Grant of Probate or Letters of Administration/Will/Letters from an Attorney at Law or Administrator confirming inheritance
 - Sale of Property/ Business/ Assets – Agreement for Sale, Letter of verification from the Attorney at Law having carriage of the sale