Customer Information Form – Personal

PART A: CUSTOMER INFORMATION

RIM #: Title: ☐Mr ☐Ms ☐Miss ☐Mrs ☐Dr ☐Other

Last Name: First Name: Middle Name:

Gender: ☐Male ☐Female ☐Other

Marital Status: ☐Married ☐Widowed ☐Divorced ☐Separated ☐Single ☐Other

Home Address:

Street 1: Street 2:

Sector: City / Town:

Residential Area / District: Post Office / Zip Code:

Province / State / Parish / County: Country:

Mailing Address: (if different from home address)

Street 1: Street 2:

Sector: City / Town:

Residential Area / District: Post Office / Zip Code:

Province / State / Parish / County: Country:

Contact Number: *(Home)* *(Mobile)* *(Work)*

Email: *(Personal)* *(Work)*

Current Employer's Name:

Employer's Address:

Street 1: Street 2:

Sector: City / Town:

Residential Area / District: Post Office / Zip Code:

Province / State / Parish / County: Country:

Country of Birth: Country of Citizenship:

Date of Birth: *(yyyy/mm/dd)* Mother's Maiden Name:

Passport Number: Issue Date: *(yyyy/mm/dd)* Expiry Date: *(yyyy/mm/dd)* Issuing Country:

D/License Number: Issue Date: *(yyyy/mm/dd)* Expiry Date: *(yyyy/mm/dd)* Issuing Country:

TRN/ SSN/ TIN:

Are you or any member of your immediate or close family a politically exposed person? ☐Yes ☐No

If yes, please explain:

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PART B: ACCOUNT INFORMATION

This section may be used to provide information for multiple accounts.

Account Type: ☐Savings ☐CD ____ # of Days Currency: ☐KYD ☐USD ☐Other ____

Initial Deposit Amount: ____ Reason for Saving: ____

Expected KYD Deposit: ____ Expected USD Deposit: ____

Frequency of KYD Deposit: ☐Weekly ☐Monthly ☐Annually ☐Other ____

Frequency of USD Deposit: ☐Weekly ☐Monthly ☐Annually ☐Other ____

Expected Number of Transactions: ☐1-20 ☐21-41 ☐Over 41

Frequency of Expected Transaction: ☐Weekly ☐Monthly ☐Annually ☐Other ____

Signing Instructions: ☐Any One to sign ☐Any Two to sign ☐Either or survivor ☐Other ____

Account Type: ☐Savings ☐CD ____ # of Days Currency: ☐KYD ☐USD ☐Other ____

Initial Deposit Amount: ____ Reason for Saving: ____

Expected KYD Deposit: ____ Expected USD Deposit: ____

Frequency of KYD Deposit: ☐Weekly ☐Monthly ☐Annually ☐Other ____

Frequency of USD Deposit: ☐Weekly ☐Monthly ☐Annually ☐Other ____

Expected Number of Transactions: ☐1-20 ☐21-41 ☐Over 41

Frequency of Expected Transaction: ☐Weekly ☐Monthly ☐Annually ☐Other ____

Signing Instructions: ☐Any One to sign ☐Any Two to sign ☐Either or survivor ☐Other ____

PART C: SOURCE OF FUNDS

☐Salary ☐Pension Payment ☐Income from Business Activity ☐Investment ☐Other ____

PART D: EMPLOYMENT & INCOME INFORMATION

Job Title: ____ Start Date: ____ *(yyyy/mm/dd)*

Annual Salary/ Earnings: ☐USD ☐KYD ☐0 - $18,000 ☐$18,001 - $60,000 ☐Over $60,000

Monthly Salary/ Earnings: ☐USD ☐KYD ____ **Other Monthly Income:**

Rent: ☐USD ☐KYD ____ Business: ☐USD ☐KYD ____

Pension/Govt. Aid: ☐USD ☐KYD: ____ Investments: ☐USD ☐KYD ____

"I acknowledge that in the event of my death, and subject to any rights JN Cayman may have at law, all funds standing to the credit of any account(s) held solely in my name will be disbursed only to my Executor or Administrator upon presentation to JN Cayman of a grant of Probate or Letters of Administration issued by the Grand Court of the Cayman Islands. The foregoing does not limit any rights JN Cayman may have regarding the funds in the account that arise out of any lien, charge, pledge, security interest, security agreement, or any right of set-off, right to combine and/or consolidate accounts, any counterclaim or any other right JN Cayman may have whatsoever in respect of the funds."

I _____ declare that, to the best of my knowledge, the information disclosed above is correct and is not in any way misleading. I further understand that this information is required by JN Cayman to comply with Cayman Islands laws and regulations and non-compliance with reasonable requests for the provision of this information or the giving of any incorrect or misleading information can result in closure of my/our account(s) and termination of banking relations with JN Cayman. I fully understand that accounts with no activity for seven (7) years will be paid over to the government of the Cayman Islands in keeping with the Dormant Accounts Laws.

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

FOR INTERNAL USE ONLY

RIM Setup by: _____ Date: _____
(yyyy/mm/dd)

RIM Checked by: _____ Date: _____
(yyyy/mm/dd)

Copies of ALL identification and legal documents MUST be duly notarized.
Minimum Opening Amounts KYD or USD: Regular Savings $150, Partner Plan $50-$1000 per week, Fixed Deposit $5000