

# CLIENT INFORMATION FORM



20 Dominica Drive, Kingston 5  
 email: fhc.investments@fhccu.com  
 Tel: 876-906-5317 / 876-908-1502 / 876-929-5142  
**CARING FOR YOU AND YOUR INVESTMENTS**

|  |  |  |   |                           |
|--|--|--|---|---------------------------|
| Client Type: <input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Signatory <input type="checkbox"/> Related Party |  | Account No:                                  | Client No:  |                           |
| Full Name  |  |  | Alias:  |                           |
| Identification   | ID Type:   | ID Number:                                   | Issue Date (dd/mm/yyyy):  | Expiry Date (dd/mm/yyyy): |
| Credentials  | TRN/SSN/Other Tax ID:  | D.O.B (dd/mm/yyyy):                          | Place of Birth:   | Nationality:              |
| Risk Appetite  | <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive      |  |   |                           |
| Country of Residency:  |  |  | Country of Citizenship:   |                           |
| Residency Status (please select option below):   |  | Please select option below:                  |   |                           |
| US Green Card Holder   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> | Dual Citizenship                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |                           |
| If Other, please state details:  |  | If yes, please list other Citizenship below: |   |                           |
| Residency Card No:   |  |  |   |                           |
| Expiry Date:   |  |  |   |                           |

## CLIENT INFORMATION

|   |       |       |           |
|---|-------|-------|-----------|
| Current Address                                     |       |       |           |
| Previous Address (if changed in last 5 yrs)         |       |       |           |
| Mailing Address (if different from current address) |       |       |           |
| Contact Numbers                                     | Home: | Cell: | Business: |
| Email Address:                                      |       |       |           |

| EMPLOYMENT              |                                    |                                    |                                     |                                  |  | NEXT OF KIN/ EMERGENCY CONTACT   |                        |         |  |
|-------------------------|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|--|----------------------------------|------------------------|---------|--|
| Status                  | Full-Time <input type="checkbox"/> | Part-Time <input type="checkbox"/> | Unemployed <input type="checkbox"/> | Student <input type="checkbox"/> | Self-Employed <input type="checkbox"/> | Retired <input type="checkbox"/> | Name                   |         |  |
| Name of Employer/School |                                    |                                    |                                     | Industry/Sector:                 |  |                                  |                        | Address |  |
| Address                 |                                    |                                    |                                     |                                  |  |                                  | Telephone              |         |  |
| No. of years employed   |                                    |                                    |                                     |                                  |  |                                  | Email                  |         |  |
| Job Title               |                                    |                                    |                                     |                                  |  |                                  | Relationship to Client |         |  |
| Income Information      | Income Range:                      |                                    | Net Worth:                          |                                  | Additional Income (Source & Amount):   |                                  |                        |         |  |

Are any of the account holders, signatories, Power of Attorney, or their immediate family members (parents, siblings, spouse, children, and/or in-laws); a current or former senior official in the military, executive, legislative or administrative arms of government, or judiciary of your country of residence or a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by your country of residence or a foreign government?  Yes  No

If yes, Name of Person \_\_\_\_\_  
 Title/Position of Person \_\_\_\_\_  
 Relationship to Client \_\_\_\_\_

I/We the undersigned, being the person(s) specified above (hereinafter, together jointly and severally if more than one, referred to as "the client") hereby request FHC Investments Limited of 20 Dominica Drive, Kingston 5, Jamaica, a company duly incorporated under the laws of Jamaica (herein referred to as "the Company") to open one or more accounts in my/our name(s) with respect to instruments issued to me/us by and/or securities and other investments held by me/us through the Company, and all accruals, payments, receipts and transactions relating thereto.

I/We acknowledge and agree that the Company's General Terms and Conditions attached hereto, as varied by the Company from time to time, are accepted by and are binding on me/us, and shall govern the said account(s) and all instruments issued to me/us by and/or securities and other investments held by me/us through the Company, and all accruals, payments, receipts and transactions relating thereto. I/We hereby agree to abide by and comply with the provisions set forth in the said General Terms and Conditions attached hereto, as varied by the Company from time to time. I/We hereby acknowledge having received a copy of this Client Account Agreement and the said General Terms and Conditions.

| Signature of Client | Name of Witness | Witness' Signature | Date |
|---------------------|-----------------|--------------------|------|
|                     |                 |                    |      |

| For Internal Use | Name | Signature | Date |
|------------------|------|-----------|------|
| Input Officer    |      |           |      |
| Approval Officer |      |           |      |