



'BUILDING SOLID LEGACIES'

20 Dominica Drive, Kingston 5
fhc.investments@fhccu.com
+1 (876) 908-1502 / +1 (876) 929-5142
www.fhcinvestments.com

CLIENT INFORMATION FORM

CLIENT TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Signatory <input type="checkbox"/> Related Party				Account #		Client #	
FULL NAME						ALIAS	
IDENTIFICATION	ID Type & Issuer		ID Number		Issue Date (dd/mm/yyyy)		Expiry Date (dd/mm/yyyy)
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Mother's Maiden Name				
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		
US GREEN CARD HOLDER	<input type="checkbox"/> Yes <input type="checkbox"/> No				DUAL CITIZENSHIP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Residency Card#					If yes, please list other citizenships below:		
Expiry Date							
CLIENT INFORMATION							
CURRENT ADDRESS							
PREVIOUS ADDRESS (if changed in the last 5 years)							
MAILING ADDRESS (If different from current address)							
Email Address							
Contact Numbers	Home:		Cell:			Business:	
EMPLOYMENT					NEXT OF KIN/EMERGENCY CONTACT		
STATUS	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired				NAME		
PLACE OF EMPLOYMENT/SCHOOL					ADDRESS		
ADDRESS					TELEPHONE		
# OF YEARS EMPLOYED					EMAIL		
JOB TITLE					RELATIONSHIP		

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 of 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.

I understand that FHC Investments Limited (FHCIL) collects and processes the personal data herein to provide financial services, manage risks and comply with legal and regulatory obligations; to communicate with me and provide customer service, and to share information about our products, services and promotional activities.

I further understand that my personal data may be shared within our corporate structure which includes First Heritage Co-operative Credit Union, its subsidiaries, associated and affiliated companies, as well as regulators and other third parties as defined in FHCIL's Privacy Notice.

Details on how FHCIL processes personal information, who it is shared with, and data subject rights can be accessed at bit.ly/41oPkiz or by scanning the QR code.

Get in touch with any concerns or queries at DPA@fhccu.com.



FHCIL Privacy Notice

Client's Signature	Name of Witness	Witness Signature	Date

For Internal Use for All Accounts	Name	Signature	Date
Input Officer			
Approval Officer			
For High-Risk Clients			
Senior Management Approval			