

Business Account Opening Partnership

Welcome to First Global! Please see steps below to start the account opening process.

1

Read Carefully

This booklet contains all the forms required to open a business account with First Global Bank. Please read each section thoroughly and complete in detail.

2

Fill Out Accurately

Complete all fields with accurate information. If a section does not apply to your business, simply write "N/A." Incomplete or incorrect information may delay your application.

3

Gather Supporting Documents

Please refer to the list below for the additional documents required to open your business account. Be sure to submit these along with your completed forms.

Know Your Customer (KYC):

KYC is an important part of meeting regulatory requirements; banks must collect and verify information to confirm the identity of our customers. This helps prevent fraud, money laundering, and other financial crimes. Business customers are required to provide details about their company, ownership structure, and authorized signers.



Scan the QR code to
visit our website and
get more information!

Required Documents

- ✓ Business Registration Cert.
- ✓ TRN & TCC
- ✓ Financial Statements
- ✓ KYC - Directors & Owners
- ✓ ID, TRN, Proof of Address

Client Information Form

Please complete all the fields below, providing general information about your partnership including what it does, when it was registered, and contact information. This basic information helps the bank understand the nature of your business & meet regulatory requirements for account opening & customer due diligence.

Client Information

Organization/Business Name:

Primary Business Address:

Mailing Address (if different):

TRN/Tax ID Number:

Trade License Number (If Applicable):

Tax Compliance Certificate Number:

Tax Compliance Certificate Expiration Date:

Business Registration Number (CID No.):

Date of Incorporation:

Telephone Number:

Email:

Contact Information

Advise of the person(s) we can contact for business matters (complete only if contacts aren't signers)

Name:

Title:

Telephone Number:

Email:

About Your Organization

What are your organization's main business activities?

Who is the Ultimate Beneficial Owner (UBO)*?

Source of Wealth:

<input type="checkbox"/> Business Operations	<input type="checkbox"/> Other (please state)	<input type="text"/>
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Country of Formation and Incorporation:

<input type="checkbox"/> Jamaica	<input type="checkbox"/> Other (please state)	<input type="text"/>
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*A UBO is the natural person(s) who ultimately own, control or benefit from an entity, even through proxies.

Customers and Suppliers

Please provide details about your organization's main customers/suppliers. This information helps us understand how your business operates, its typical transactions & potential sources & uses of funds.

Is your customer base mainly retail clients?

☐ If yes, list suppliers only in the table below

☐ If no, kindly advise of your top 3 customers and your suppliers in the table below

Name	Type	Country
<input type="text"/>	<input type="checkbox"/> Customer <input type="checkbox"/> Supplier	<input type="checkbox"/> Jamaica <input type="checkbox"/> Other (please state) <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Customer <input type="checkbox"/> Supplier	<input type="checkbox"/> Jamaica <input type="checkbox"/> Other (please state) <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Customer <input type="checkbox"/> Supplier	<input type="checkbox"/> Jamaica <input type="checkbox"/> Other (please state) <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Customer <input type="checkbox"/> Supplier	<input type="checkbox"/> Jamaica <input type="checkbox"/> Other (please state) <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Customer <input type="checkbox"/> Supplier	<input type="checkbox"/> Jamaica <input type="checkbox"/> Other (please state) <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Customer <input type="checkbox"/> Supplier	<input type="checkbox"/> Jamaica <input type="checkbox"/> Other (please state) <input type="text"/>

Online Banking with Global Access

Your online banking will be configured with transaction limits. Select a package below that best suits your business.

☐ Corporate

	Daily Max. Per Transaction	Daily Maximum
Credit Card Payment	20M	30M
Domestic ACH	999K	200M
Domestic RTGS	30M	30M
Internal Acc. Transfer	150M	1B
Int'l Acc. Transfer	110M	150M
Own Acc. Transfer	110M	1B

*Maximum of 99 Transactions for each per day

☐ Mid Corporate

	Daily Max. Per Transaction	Daily Maximum
Credit Card Payment	20M	30M
Domestic ACH	999K	300M
Domestic RTGS	100M	300M
Internal Acc. Transfer	200M	1.5B
Int'l Acc. Transfer	150M	200M
Own Acc. Transfer	250M	1.5B

*Maximum of 99 Transactions for each per day

☐ Large Corporate

	Daily Max. Per Transaction	Daily Maximum
Credit Card Payment	20M	30M
Domestic ACH	999K	500M
Domestic RTGS	150M	450M
Internal Acc. Transfer	400M	2B
Int'l Acc. Transfer	200M	300M
Own Acc. Transfer	300M	2B

*Max. of 99 daily transactions each with the exception of Domestic RTGS (150 daily)

Automated Clearing House (ACH) - a transfer completed in 1 to 3 business days.

Real Time Gross Settlement (RTGS) - an urgent transfer done in 1 business day.

☐ Business Corporate

	Daily Max. Per Transaction	Daily Maximum
Credit Card Payment	Unlimited	Unlimited
Domestic ACH	999K	800M
Domestic RTGS	Unlimited	Unlimited
Internal Acc. Transfer	800M	3B
Int'l Acc. Transfer	550M	700M
Own Acc. Transfer	800M	3B

*Max. of 99 daily transactions each with the exception of Domestic RTGS (unlimited)

Online Banking with Global Access

Please complete this section to set up access to the bank's online banking platform. Provide the requested details for each authorized user, including their contact information and access level. This ensures secure and tailored access to your business accounts and online services.

Name of User:

Email:

This User Should Not Have Access to the Following Accounts (Account Number):

Access Level*:

☐ Inquire only
 ☐ Entry
 ☐ Authorize
 ☐ Entry and Authorize
 ☐ Both

Transaction Limits:

☐ No Limit
 ☐ Limit (JMD):

Authorization Level**:

☐ No Authorization Levels
 ☐ Authorization Level:

OFFICIAL USE ONLY

Token Serial Number:

Username:

Name of User:

Email:

This User Should Not Have Access to the Following Accounts (Account Number):

Access Level*:

☐ Inquire only
 ☐ Entry
 ☐ Authorize
 ☐ Entry and Authorize
 ☐ Both

Transaction Limits:

☐ No Limit
 ☐ Limit (JMD):

Authorization Level**:

☐ No Authorization Levels
 ☐ Authorization Level:

OFFICIAL USE ONLY

Token Serial Number:

Username:

* Inquire only: Check account balances but can't initiate transactions

Entry: Check account balances and can initiate transactions

Authorize: Can only authorize transactions that have been initiated

Entry & Authorize: user can enter & authorize transactions but unable to authorize their own transactions

Both: user can enter and authorize his/her own transactions

** Authorization Levels:

- First - the first person required to authorize a transaction
- Second - the second person to authorize a transaction following authorization given by the first

NOTE:
See appendix 4a
to register more
users

Account Request

Please indicate the type of account you wish to open (e.g., savings, chequing), the preferred currency, the expected sources of funds, and typical inflows and outflows. This information helps the bank ensure that the account is suited to your business needs and supports regulatory requirements related to understanding account usage and activity.

Account #1

☐ Savings
 ☐ Chequing
 ☐ Term Deposit

Account Currency:

☐ JMD
 ☐ USD
 ☐ Other (please state)

Source of Funds to Operate Account:

Expected Monthly Deposits:

Expected Monthly Withdrawals:

Account No. (Bank Use Only):

Account #2

☐ Savings
 ☐ Chequing
 ☐ Term Deposit

Account Currency:

☐ JMD
 ☐ USD
 ☐ Other (please state)

Source of Funds to Operate Account:

Expected Monthly Deposits:

Expected Monthly Withdrawals:

Account No. (Bank Use Only):

Account #3

☐ Savings
 ☐ Chequing
 ☐ Term Deposit

Account Currency:

☐ JMD
 ☐ USD
 ☐ Other (please state)

Source of Funds to Operate Account:

Expected Monthly Deposits:

Expected Monthly Withdrawals:

Account No. (Bank Use Only):

Account #4

☐ Savings
 ☐ Chequing
 ☐ Term Deposit

Account Currency:

☐ JMD
 ☐ USD
 ☐ Other (please state)

Source of Funds to Operate Account:

Expected Monthly Deposits:

Expected Monthly Withdrawals:

Account No. (Bank Use Only):

Individual Profile of Directors, Controlling Persons & Signing Officers

This section must be completed by individuals with ownership/control of the company, such as directors & beneficial owners. Controlling person means the natural persons who exercise control over an entity. For companies & similar legal persons, it depends on ownership structure & includes persons having 10% or more ownership.

Type:				% Ownership:	
<input type="checkbox"/> Director	<input type="checkbox"/> Owner	<input type="checkbox"/> Signing Officer			
Name:					
First:	Middle:	Last:			
Title:					
<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Other, please state:		
Occupation:				DOB:	DD/MM/YYYY
Place of Birth:				TRN/Tax ID:	
Address:				Nationality:	
Telephone Number:				Email:	

Do you or your parents, spouse, children, siblings, in-laws as well as close associates, hold or have held high-ranking jobs in the military, security, legislative or judiciary in any country? Or are/were they an official of any political party, Heads of State, Senior Government Officials, Senior Executives in a state/government-owned Corp, Ministries, Executive Agencies, Statutory bodies locally, or senior management position in an international organization?

☐ No ☐ Yes. Please Provide Details:

Declaration of US Citizenship or US Residence For Tax Purposes

☐ I confirm that I am a U.S. Person (an American citizen, dual citizen, permanent resident (Green Card Holder)) & my US Tax ID Number or Social Security Number is as follows:

☐ I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

☐ I confirm that I am not a U.S. Person

Declaration of Tax Residency (Other Than U.S.)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country of Tax Residency	Tax Reference Number Type	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If a tax reference number is unavailable, please provide reason below:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise First Global Bank promptly and provide an updated Self-Certification form within thirty (30) days of any change in circumstances which causes any of the information contained in this form to be inaccurate or incomplete. I hereby consent to First Global Bank sharing this information with the relevant tax authorities and other competent authorities, where legally obliged to do so. I acknowledge that the information contained in this form and information regarding me and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements or domestic legislation on the exchange of financial account information

Signature: Date: DD/MM/YYYY

Individual Profile of Directors, Controlling Persons & Signing Officers

This section must be completed by individuals with ownership/control of the company, such as directors & beneficial owners. Controlling person means the natural persons who exercise control over an entity. For companies & similar legal persons, it depends on ownership structure & includes persons having 10% or more ownership.

Type:	<input type="checkbox"/> Director <input type="checkbox"/> Owner <input type="checkbox"/> Signing Officer			% Ownership:	<input type="text"/>
Name:					
First:	Middle:	Last:			
Title:					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other, please state:	<input type="text"/>				
Occupation:	<input type="text"/>			DOB:	<input type="text" value="DD/MM/YYYY"/>
Place of Birth:	<input type="text"/>			TRN/Tax ID:	<input type="text"/>
Address:	<input type="text"/>			Nationality:	<input type="text"/>
Telephone Number:	<input type="text"/>			Email:	<input type="text"/>

Do you or your parents, spouse, children, siblings, in-laws as well as close associates, hold or have held high-ranking jobs in the military, security, legislative or judiciary in any country? Or are/were they an official of any political party, Heads of State, Senior Government Officials, Senior Executives in a state/government-owned Corp, Ministries, Executive Agencies, Statutory bodies locally, or senior management position in an international organization?

☐ No ☐ Yes. Please Provide Details:

Declaration of US Citizenship or US Residence For Tax Purposes

☐ I confirm that I am a U.S. Person (an American citizen, dual citizen, permanent resident (Green Card Holder)) & my US Tax ID Number or Social Security Number is as follows:

☐ I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

☐ I confirm that I am not a U.S. Person

Declaration of Tax Residency (Other Than U.S.)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country of Tax Residency	Tax Reference Number Type	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If a tax reference number is unavailable, please provide reason below:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise First Global Bank promptly and provide an updated Self-Certification form within thirty (30) days of any change in circumstances which causes any of the information contained in this form to be inaccurate or incomplete. I hereby consent to First Global Bank sharing this information with the relevant tax authorities and other competent authorities, where legally obliged to do so. I acknowledge that the information contained in this form and information regarding me and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements or domestic legislation on the exchange of financial account information

Signature: Date:

Individual Profile of Directors, Controlling Persons & Signing Officers

This section must be completed by individuals with ownership/control of the company, such as directors & beneficial owners. Controlling person means the natural persons who exercise control over an entity. For companies & similar legal persons, it depends on ownership structure & includes persons having 10% or more ownership.

Type: ☐ Director ☐ Owner ☐ Signing Officer % Ownership:

NOTE:
See appendix 8a for more FATCA forms

Name: First: Middle: Last:

Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other, please state:

Occupation: DOB: DD/MM/YYYY

Place of Birth: TRN/Tax ID:

Address: Nationality:

Telephone Number: Email:

Do you or your parents, spouse, children, siblings, in-laws as well as close associates, hold or have held high-ranking jobs in the military, security, legislative or judiciary in any country? Or are/were they an official of any political party, Heads of State, Senior Government Officials, Senior Executives in a state/government-owned Corp, Ministries, Executive Agencies, Statutory bodies locally, or senior management position in an international organization?

☐ No ☐ Yes. Please Provide Details:

Declaration of US Citizenship or US Residence For Tax Purposes

☐ I confirm that I am a U.S. Person (an American citizen, dual citizen, permanent resident (Green Card Holder)) & my US Tax ID Number or Social Security Number is as follows:

☐ I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

☐ I confirm that I am not a U.S. Person

Declaration of Tax Residency (Other Than U.S.)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country of Tax Residency	Tax Reference Number Type	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If a tax reference number is unavailable, please provide reason below:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise First Global Bank promptly and provide an updated Self-Certification form within thirty (30) days of any change in circumstances which causes any of the information contained in this form to be inaccurate or incomplete. I hereby consent to First Global Bank sharing this information with the relevant tax authorities and other competent authorities, where legally obliged to do so. I acknowledge that the information contained in this form and information regarding me and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements or domestic legislation on the exchange of financial account information

Signature: Date: DD/MM/YYYY

FATCA/CRS Self-Certification for Entities

Please complete this section to provide tax residency & classification details for your organization. This information is required under international tax regulations (FATCA/CRS) & helps the bank determine the entity's reporting obligations to local & international tax authorities.

Entity Name:

Entity Type:

☐ Sole Proprietor ☐ Limited Liability Company ☐ Partnership ☐ Club/Association
☐ Government Entity ☐ Non-Profit ☐ Passive NFE ☐ International Organization

☐ Active NFE, specify:

☐ Corporation (with stock traded on securities market or a related entity of such a corporation). State Securities Market:

☐ Financial Institution (FI) - Investment Entity located in a Non-Participating Jurisdiction & managed by another FI

☐ FI - Depository Institution, Custodial Institution or Specified Insurance Company

☐ FI - Other Investment Entity, kindly indicate type:

☐ Other, specify:

If the Entity is an FI, indicate Global Intermediary ID Number ("GIIN"):

Entity's Country/Jurisdiction of Residence for Tax Purposes & Related Taxpayer ID Number or Functional Equivalent ("TIN")

Country of Tax Residency	Tax Reference Number Type	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If the Account holder is not tax resident in any jurisdiction (e.g., fiscally transparent), please indicate same in column 1 and provide its place of effective management or the country in which its principal office is located

If a tax reference number is unavailable, please provide reason below:

1. I/we declare that all statements made in this declaration are, to the best of my/our knowledge and belief, correct and complete.
2. I/we acknowledge that the information provided on this form and information regarding the Account Holder, Controlling Person(s) and any Reportable Account(s), including financial information (e.g. Account balance or value, the amount of income or gross proceeds received) respecting such Reportable Account(s) to which the Form is applied may be reported to the tax authorities/Competent Authority of the country in which this/these account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be a tax resident pursuant to intergovernmental agreements or domestic legislation on the automatic exchange of information on Financial Accounts).
3. I/We certify that I am/we are authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.
4. If there is a change in circumstances that affects the tax residence status of the Account Holder or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified above), I/we understand that I am/we are obligated to inform FGB of the change in circumstances within thirty (30) days of its occurrence and to provide a suitably updated self-certification form within that time.

Authorized Signers for the Entity Account

Name:
Capacity/Position:
Date: DD/MM/YYYY
Signature:

Name:
Capacity/Position:
Date: DD/MM/YYYY
Signature:

Certificate of Directors

We certify on behalf of _____ (the “Company”) that:

a) The following are the management officers of the Company

_____	_____
_____	_____
_____	_____

b) The following are the directors of the Company

_____	_____
_____	_____
_____	_____

c) The directors of the Company may, without authorization of the shareholders

OR

The directors confirm that all necessary corporate action has been taken to authorize the directors of the Company to

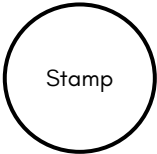
- (i) Borrow money or otherwise obtain credit upon the credit of the Company;
- (ii) Issue, reissue, sell or pledge debt obligations of the Company;
- (iii) Give a guarantee on behalf of the Company to secure performance of an obligation of any person;
- (iv) Mortgage, hypothecate, pledge, assign, transfer or otherwise create a security interest in all or any property of the Company, currently owned or subsequently acquired, to secure any obligation of the Company; or
- (v) Delegate any of the powers of the directors in regard to the foregoing to one or more directors, a committee of directors or one or more officers of the Company; and

d) The Company undertakes to notify First Global Bank (“the Bank”) of any changes respecting the powers of the Company or its directors or officers to do any of the things listed in paragraph c)

The Company undertakes to notify the Bank of any changes (a) respecting our Directors or Officers (b) the constitutive documents including the Articles of Incorporation (c) the authority of any director, officer or employee to sign on the Company’s behalf or any resolutions of the directors or shareholders, or any unanimous shareholder agreement relating to the Company.

Each branch of the Bank with which any dealings are had by the Company may rely upon this certificate and upon any and all documents referred to herein until notice to the contrary or of any change has been given in writing to the Manager or Acting Manager of such branch.

Dated at _____ this _____ day of _____, 20 _____



Signature of Managing Director/
Chairman: _____

Signature of Director/Secretary: _____

NOTE: If the Charter Documents (Articles of Incorporation, Letters Patent, Memorandum of Association, etc.) or any amendments thereto, the by-laws or any unanimous shareholder agreement require the authorization of the shareholders or other persons in order to exercise any of the powers listed in paragraph c then certified copies of (i) the provisions requiring the authorization and (ii) the authorization given by the shareholders or such other persons should be referred to the Bank.

Banking Resolution

Unincorporated Associations

Resolution of ⁽¹⁾ [redacted] (the "Corporation")

Resolved:

1. That First Global Bank Limited ("The Bank") is hereby appointed the banker of the Association.

2. That ⁽²⁾ [redacted]

or any ⁽³⁾ [redacted] of them, is/are hereby authorised for and in the name of the Association from time to time and until

further notice to The Bank.

(a) to make, sign, draw accept, endorse, negotiate, lodge, deposit or transfer all or any cheques, promissory notes, drafts, acceptances, bills of exchange, orders for the payment of money, evidences of indebtedness and contracts for letters of credit and forward exchange, whether or not an overdraft is thereby created an any account of the Association; also to execute any authority to any officer of The Bank to accept and/or pay all or any drafts, bills of exchange or promissory notes on behalf of the Association; also to execute receipts for and orders relating to any property of the Association held by or on behalf of The Bank.

(b) to borrow money or otherwise obtain credit from The Bank upon the credit of the Association by way of loans, advances, overdraft or otherwise;

(c) to mortgage, hypothecate, charge, pledge assign, transfer upon all or any currently owned or subsequently acquired real or personal, movable or immovable property of the Association including book debts, rights, powers, franchises and undertaking to secure any present or future indebtedness or liability of the Association to The Bank.

(d) to do all acts and things and execute all documents requisite to give security to The Bank whether by mortgage, hypothecation, charge, pledge, assignment, transfer or otherwise, including, without limiting the generality of the foregoing, security upon accounts receivable, bills notes and other negotiable instruments, securities warehouse receipts, bills of lading;

(e) to execute The Bank's form of agreement as to the operation and verification of the accounts of the Association; and also to execute any agreement with or authority to The Bank relating to the banking business of the Association whether generally or with regard to any particular transaction (including, without limitation, The Bank's Agreement re: Instructions and Information by Telephone and Fax, Form); and

(f) generally to transact with The Bank any business he, she or they may see fit whether or not the same is within the powers specifically set forth above.

3. That any one of the following ⁽²⁾ [redacted]

or any one of the persons mentioned in clause 2 hereof is hereby authorised for and on behalf of and in the name of the Association from time to time to negotiate or deposit with or transfer to The Bank (but for the credit of the Association's account only) all or any cheques, promissory notes, drafts, acceptances, bills of exchange and orders for the payment of money, and for such purposes to draw, sign or endorse the same, or any of them, or to deliver the same, or any of them to The Bank endorsed with the name of the Association impressed thereon by a rubber stamp or other device; also to receive all paid cheques and other debit vouchers charged to any account of the Association and to execute The Bank's form of receipt therefor.

4. That ⁽²⁾ [redacted]

or any ⁽³⁾ [redacted] of them, is/are hereby authorised for and in the name of the Association from time to time:

(a) to receive from The Bank any negotiable paper, stocks, bonds, security and other property or assets of the Association and give receipts therefor,

(b) to rent safety deposit boxes at any branch of The Bank and execute leases for the same; to have access to all safety deposit boxes rented by the Association from The Bank and to surrender the same or any of them and to execute such documents as may be required by the Bank to evidence such surrender.

5. That all acts and things done and documents executed on behalf of the Association as hereinbefore authorised may be relied upon by The Bank and shall be valid and binding upon the Association and its property and whether or not the seal of the Association has been affixed to such documents.

6. That the Association shall provide The Bank with a copy of this resolution and a list of the names of the persons authorised by this resolution to do any act or thing, together with specimens of their signatures, to be acted upon by each branch of The Bank with which any dealings are had by the Association until notice to the contrary or of any change therein has been given in writing to the Manager or Acting Manager of such branch.

7. The Company may from time to time in writing vary, add to or replace the terms and conditions of this Agreement, and the customer shall be deemed to consent and agree thereto and each such variation, addition and replacement shall be binding on the customer.

The undersigned officers of the Association hereby certify that the foregoing is a true and correct copy of a resolution of the Association, duly and regularly passed at a meeting of the members of the Association and held on the [redacted] day of [redacted], [redacted] in accordance with the constituting documents of the Association, all as set forth in the Minute Book of the proceedings of the Association; and further that the said resolution is in full force and effect.

Dated at [redacted] this [redacted] day of [redacted], [redacted]

Signature of
Director/Chairman:

Signature of
Secretary:

Stamp

Corporate Signature Card

Authorized Signers

Each individual authorized to sign on behalf of the business must provide a signature in this section. These specimen signatures will be used by the bank to verify the authenticity of signatures on future documents, transactions, or instructions related to the account.

Organization Name:

Account Number:

Name:

Official Capacity:

Signature:

Name:

Official Capacity:

Signature:

Name:

Official Capacity:

Signature:

Name:

Official Capacity:

Signature:

Name:

Official Capacity:

Signature:

Signing Authority:

☐

Any one to sign

☐

Any two to sign

☐

Other, please state:

The individuals named on this form are permitted to credit, debit or otherwise operate this account on behalf of the customer for the purpose of any service provided by First Global Bank Limited, subject to the above indicated Signing Authority. The customer accepts full liability for anything done by individual(s) ostensibly acting within the terms of the authority hereby given.

Certified by: (As per Banking Resolution)

Terms and Conditions

Electronic Communications

We confirm that it would be convenient, and in our interests, if we could from time to time, send instructions, confirmations, or other information by Electronic Communication to First Global Bank and we acknowledge that there are risks inherent in doing so. We agree to be bound by the terms of the Authority and Indemnity for Electronic Communication a copy of which we have read and understood.

Account Operation Terms and Conditions

We confirm that the Terms and Conditions governing the operation of the account(s) have been made available to us and we have read, understood and agree to be bound by such Terms and Conditions (as amended from time).

Online Banking

We acknowledge and agree that the use of First Global Bank's online banking channel will be subject to the terms and conditions of the Internet Banking Services Agreement, and our use of the Bank's online banking channel signifies both our acknowledgement and acceptance of the terms of the agreement. We confirm that the Internet Banking Services Agreement has been made available to us and we have read, understood and agree to be bound by the agreement as may be amended from time.

Consent to Access Beneficial Ownership Information

I/We, the undersigned, hereby grant my/our consent for First Global Bank to access, receive and retain copies of my/our personal data and other information in the register of beneficial owners or any other document providing beneficial ownership information of a company maintained by the Registrar of Companies of Jamaica. I understand that this consent is being granted for the purpose of enabling the Bank to fulfill its legal, regulatory, and due diligence obligations (such as anti-money laundering and know-your-customer requirements). I/We acknowledge that the information which is accessed will be treated confidentially and in accordance with the Bank's privacy policy (as may be amended from time to time) a copy of which I have been provided with.

We confirm that all the information provided in this application is accurate and complete. We give permission to First Global Bank (FGB) to verify this information with the relevant parties if needed. If any of our information changes, we will notify FGB immediately and agree to provide the documents needed to update our records. Further, if our tax status changes, we will provide an updated Self-Certification form within thirty (30) days.

We acknowledge that the information contained in this form and information regarding us and any account(s) may be provided to the local tax authorities or exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which we may be tax resident pursuant to intergovernmental agreements or domestic legislation on the exchange of financial account information.

We understand and agree that any information we provide to FGB, including details of our accounts and transactions, may be used to confirm our identity, update records, provide services, manage risks, fulfil requests, and meet legal requirements.

We consent to the sharing of our information within the GraceKennedy Group and with third-party service providers, credit bureaus, regulators, relevant tax authorities and other competent authorities. We further consent to FGB giving or receiving information about us to/from, any: (a) Credit Bureau or Reporting Agency or Companies Office of Jamaica; (b) Person with whom we may have or propose to have financial dealings; and (c) Person in connection with any dealings we have or propose to have with you.

Signer or Director

Name:

Signature:

Date:

DD/MM/YYYY

Signer or Director

Name:

Signature:

Date:

DD/MM/YYYY

Stamp

Witness (Bank Official, Justice of the Peace, Notary Public or Attorney)

Name:

Date:

DD/MM/YYYY

Signature:

Bank Use Only

CIF:

Inputter:

Date:

DD/MM/YYYY

Approver:

Date:

DD/MM/YYYY

APPENDIX

Online Banking with Global Access

Please complete this section to set up access to the bank's online banking platform. Provide the requested details for each authorized user, including their contact information and access level. This ensures secure and tailored access to your business accounts and online services.

Name of User:

Email:

This User Should Not Have Access to the Following Accounts (Account Number):

Access Level*:

☐ Inquire only ☐ Entry ☐ Authorize ☐ Entry and Authorize ☐ Both

Transaction Limits:

☐ No Limit ☐ Limit (JMD):

Authorization Level**:

☐ No Authorization Levels ☐ Authorization Level:

OFFICIAL USE ONLY

Token Serial Number:

Username:

Name of User:

Email:

This User Should Not Have Access to the Following Accounts (Account Number):

Access Level*:

☐ Inquire only ☐ Entry ☐ Authorize ☐ Entry and Authorize ☐ Both

Transaction Limits:

☐ No Limit ☐ Limit (JMD):

Authorization Level**:

☐ No Authorization Levels ☐ Authorization Level:

OFFICIAL USE ONLY

Token Serial Number:

Username:

* Inquire only: Check account balances but can't initiate transactions

Entry: Check account balances and can initiate transactions

Authorize: Can only authorize transactions that have been initiated

Entry & Authorize: user can enter & authorize transactions but unable to authorize their own transactions

Both: user can enter and authorize his/her own transactions

** Authorization Levels:

- First - the first person required to authorize a transaction
- Second - the second person to authorize a transaction following authorization given by the first

Individual Profile of Directors, Controlling Persons & Signing Officers

This section must be completed by individuals with ownership/control of the company, such as directors & beneficial owners. Controlling person means the natural persons who exercise control over an entity. For companies & similar legal persons, it depends on ownership structure & includes persons having 10% or more ownership.

Type:	<input type="checkbox"/> Director		<input type="checkbox"/> Owner	<input type="checkbox"/> Signing Officer	% Ownership:	<input type="text"/>
Name:						
First:	Middle:		Last:			
Title:						
<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Other, please state:	<input type="text"/>		
Occupation:	<input type="text"/>				DOB:	<input type="text" value="DD/MM/YYYY"/>
Place of Birth:	<input type="text"/>				TRN/Tax ID:	<input type="text"/>
Address:	<input type="text"/>				Nationality:	<input type="text"/>
Telephone Number:	<input type="text"/>				Email:	<input type="text"/>

Do you or your parents, spouse, children, siblings, in-laws as well as close associates, hold or have held high-ranking jobs in the military, security, legislative or judiciary in any country? Or are/were they an official of any political party, Heads of State, Senior Government Officials, Senior Executives in a state/government-owned Corp, Ministries, Executive Agencies, Statutory bodies locally, or senior management position in an international organization?

☐ No ☐ Yes. Please Provide Details:

Declaration of US Citizenship or US Residence For Tax Purposes

☐ I confirm that I am a U.S. Person (an American citizen, dual citizen, permanent resident (Green Card Holder)) & my US Tax ID Number or Social Security Number is as follows:

☐ I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

☐ I confirm that I am not a U.S. Person

Declaration of Tax Residency (Other Than U.S.)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country of Tax Residency	Tax Reference Number Type	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If a tax reference number is unavailable, please provide reason below:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise First Global Bank promptly and provide an updated Self-Certification form within thirty (30) days of any change in circumstances which causes any of the information contained in this form to be inaccurate or incomplete. I hereby consent to First Global Bank sharing this information with the relevant tax authorities and other competent authorities, where legally obliged to do so. I acknowledge that the information contained in this form and information regarding me and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements or domestic legislation on the exchange of financial account information

Signature: Date:

Individual Profile of Directors, Controlling Persons & Signing Officers

This section must be completed by individuals with ownership/control of the company, such as directors & beneficial owners. Controlling person means the natural persons who exercise control over an entity. For companies & similar legal persons, it depends on ownership structure & includes persons having 10% or more ownership.

Type:				% Ownership:	
<input type="checkbox"/> Director	<input type="checkbox"/> Owner	<input type="checkbox"/> Signing Officer			
Name:					
First:	Middle:	Last:			
Title:					
<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Other, please state:		
Occupation:				DOB:	DD/MM/YYYY
Place of Birth:				TRN/Tax ID:	
Address:				Nationality:	
Telephone Number:				Email:	

Do you or your parents, spouse, children, siblings, in-laws as well as close associates, hold or have held high-ranking jobs in the military, security, legislative or judiciary in any country? Or are/were they an official of any political party, Heads of State, Senior Government Officials, Senior Executives in a state/government-owned Corp, Ministries, Executive Agencies, Statutory bodies locally, or senior management position in an international organization?

☐ No ☐ Yes. Please Provide Details:

Declaration of US Citizenship or US Residence For Tax Purposes

☐ I confirm that I am a U.S. Person (an American citizen, dual citizen, permanent resident (Green Card Holder)) & my US Tax ID Number or Social Security Number is as follows:

☐ I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

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Declaration of Tax Residency (Other Than U.S.)

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Country of Tax Residency	Tax Reference Number Type	Tax Reference Number

If a tax reference number is unavailable, please provide reason below:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise First Global Bank promptly and provide an updated Self-Certification form within thirty (30) days of any change in circumstances which causes any of the information contained in this form to be inaccurate or incomplete. I hereby consent to First Global Bank sharing this information with the relevant tax authorities and other competent authorities, where legally obliged to do so. I acknowledge that the information contained in this form and information regarding me and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements or domestic legislation on the exchange of financial account information

Signature: Date: DD/MM/YYYY