

Business Account Opening Sole Proprietor

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):

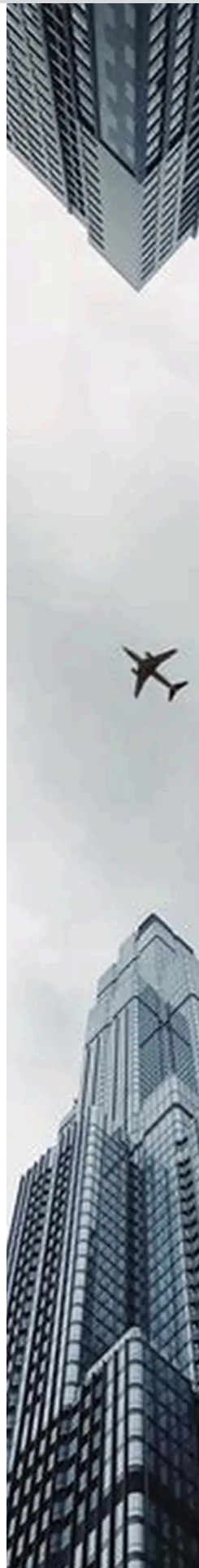
KYC is an important part of meeting regulatory requirements; banks must collect and verify information to confirm the identity of our customers. This helps prevent fraud, money laundering, and other financial crimes. Business customers are required to provide details about their company, ownership structure,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



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

Required Documents

- ✓ Business Registration Cert.
- ✓ TRN & TCC
- ✓ Financials/Cash Flow Projections (for new entities)
- ✓ KYC - Sole Proprietor
- ✓ ID, TRN, Proof of Address



Client Information Form

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

Client Information

Business Name:

Title:

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

Proprietor's Name:

First: Middle: Last:

Primary Business Address:

Mailing Address (if different from above):

Tax Registration Number:

Trade License Number (If Applicable):

Tax Compliance Certificate Number:

Tax Compliance Certificate Expiration Date:

Business Registration Number (CID No.):

Date of Registration:

Business Registration Expiration Date:

Telephone Number:

Email:

About Your Business

What are the main activities of your business?

Source of Wealth:

☐ Business Operations ☐ Other (Please State)

Country of Formation:

☐ Jamaica ☐ Other (Please State)

Customers and Suppliers

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

Is your customer base mainly retail clients?

- ☐ If yes, list top 2 suppliers only in the table below
- ☐ If no, kindly advise of your top 2 customers and your top 2 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 platform (Global Access) will be assigned limits for various transaction types. Please see the limits below.

Limits

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

*Maximum of 99 Transactions for each per day

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.

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:

☐ Max Limit (see limit package below)
 ☐ Limit (JMD):

Authorization Level**:

☐ No Authorization Levels
 ☐ Authorization Level:

BANK 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:

☐ Max Limit (see limit package below)
 ☐ Limit (JMD):

Authorization Level**:

☐ No Authorization Levels
 ☐ Authorization Level:

BANK 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

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

This section must be completed by the sole proprietor.

Proprietor's 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"/>		Place of Birth: <input type="text"/>	
DOB: <input type="text"/>		Nationality: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
Address: <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:

Terms and Conditions

Electronic Communications

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

Account Operation Terms and Conditions

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

Online Banking

I 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 my use of the Bank's online banking channel signifies both our acknowledgement and acceptance of the terms of the agreement. I confirm that the Internet Banking Services Agreement has been made available to me and I have read, understood and agree to be bound by the agreement as may be amended from time.

Consent to Access Beneficial Ownership Information

I, the undersigned, hereby grant my consent for First Global Bank to access, receive and retain copies of my 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 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 or which I have accessed at [link].

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

I acknowledge that the information contained in this form and information regarding me 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 I may be tax resident pursuant to intergovernmental agreements or domestic legislation on the exchange of financial account information.

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

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

Sole Proprietor

Name:

Signature:

Date:

Witness (Bank Official, JP, Notary Public or Attorney)

Name:

Signature:

Date:

Bank Use Only

Inputter:

Approver:

CIF:

Date:

 DD/MM/YYYY

Date:

 DD/MM/YYYY