

## Customer Information Form – Personal

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:
Gender:
Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Other ☐ Home Address:
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: (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 Dirth
Country of Birth: Country of Citizenship:
Date of Birth: Mother's Maiden Name: (yyyy/mm/dd)
Passport   Issue   Expiry   Issuing
Number: Date: (yyyy/mm/dd) Date: (yyyy/mm/dd) Country:
D/License Expiry Issuing
Number: Date: (yyyy/mm/dd) Date: (yyyy/mm/dd) Country:
TRN/ SSN/ TIN:
Are you or any member of your immediate or close family a politically exposed person? □Yes □No
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:			
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:			
Frequency of USD Deposit:			
Expected Number of Transactions: ☐ 1-20 ☐ 21-41 ☐ Over 41			
Frequency of Expected Transaction:			
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:			
Monthly Salary/ Earnings: □USD □KYD Other Monthly Income:			
Rent: USD KYD Business: USD KYD			
Pension/Govt. Aid: ☐USD ☐KYD: Investments: ☐USD ☐KYD			
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:			
J-TPS-600-F88-Ver1-May 30, 2022			



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FOR INTERNAL USE ONLY		
RIM Setup by:	Date: (yyyy/mm/dd)	
RIM Checked by:	Date: (www/mm/dd)	

Copies of ALL identification and legal documents MUST be duly notarized.

Minimum Opening Amounts KYD or USD: Regular Savings \$500, Partner Plan \$50-\$1000 per week, Fixed Deposit \$5000