

## Addition of Name Form

Date:		Office Use Only
E: Account No FIRST NAME ON ACCOUNT		CIF # First Account Holder
Please add the following person(s) to this account and where appli	icable deduct the	erelated processing fees.
Name (1):		
I request that I be admitted as an account holder of the Societyand agree to be bound by the Terms and Conditions governing the operation of this account.	Name (1) ID type	e & number Expiry Date
Signature:	Witness signatur	re
ADDRESS:		VM rep/JP/Notary Public
 TEL NO	Affix stamp or se	al of office:
Name (2):		
I request that I be admitted as an account holder of the Societyand agree to be bound by the Terms and Conditions governing the operation of this account.		e & number Expiry Date
Signature:		re
ADDRESS:		VM rep/JP/Notary Public
	Affix stamp or se	al of office:
TEL NO.		

I/We confirm the signatures(s) of the person(s) being added and request that the funds be releases from my/our account in keeping with the mandate indicated below:

## PLEASE TICK OPTION

ANY ONE OR SURVIVOR(s)	Any one person can request withdrawals or close the account without the knowledge or consent of the other.
□ ANY TWO OR SURVIVOR(s)	The signatures of <b>any two</b> of the account holders are required on all requests to withdrawfrom or close the account.
ANY THREE OR SURVIVOR(s)	The signatures of <b>any three</b> of the account holders are required on all requests towithdraw or close from the account.
ALL OR SURVIVOR(s)	The signatures of <b>all account holders</b> are required on all requests to withdraw from orclose the account.

THIS AUTHORITY IS TO REMAIN IN FORCE UNTIL REVOKED IN WRITING BY ALL PARTIES TO THE ACCOUNT.

Email: manager@myvmgroup.com | Telephone: 876 754 8627 | Fax: 876 929 5224 | Address: 73-75 Half Way Tree Road, Kingston 10 Toll-free | From Jamaica: 1-888-YES-VMBS (937-8627) | From the USA/Canada: 1-866-967-VMBS (8627) | From the UK: 0-800-068-VMBS(8627)

## ACKNOWLEDGEMENT

□ I/We, the undersigned, confirm that the information given in this application is true and complete. I/We acknowledge that the conditions outlined in the Terms and Conditions booklet are available at www.myvmgroup.com. I/We agree to be bound by the Terms and Conditions governing the operation of this account.

Existing Account Holder Signature	Signature verified by	Date
Existing Account Holder Signature	Signature verified by	Date
Existing Account Holder Signature	Signature verified by	Date

Each signature including those of the existing account holder(s) must be independently verified by a VM Representative, JP or Notary Public.

FOR OFFICE USE ONLY						
BRANCH		_				
ACCOUNT OWNING BRANCH	۹	ACCOUNT TYPE:	SAVINGS 🗌 TIME			
CIF # NAME 1		CIF # NAME 2				
Approved by:						
Account Status from	Signature	to	Name			
Status Changed by:						
	Signature		Name			
Keyed by:	Signature		Name			
Caution /Tickler added by.	Signature		Name			
Report Checked:	Signature		Name			
Status Changed by:						
	Signature		Name			

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