

Business Information & Account Application

Applicant must complete Sections A – D. Section E for operating accounts and section F for business loans.

Section A: General Information			INTERNAL USE ONLY Branch: _____ CIF #: _____
Legal Name of Business:			
Company Registration No.:			
GIIN (If Applicable):	Business Tax#:	Taxpayer Identification Type:	
Phone No:	Fax:	Taxpayer Identification Number:	
Email:		Date Of Incorporation:	Country Of Issue:
			Country Of Incorporation:

Section B: Particulars Of Entity			
Address Of Registered Office:	Street Address:		
	Parish/State/Province/County	Zip Code/Postal Code	Country
District/City/Town			
Mailing Address:	Street Address:		
	Parish/State/Province/County	Zip Code/Postal Code	Country
District/City/Town			

Section C: Business Information			
Number of Employees: _____		Gross Annual Revenue/Total Assets J\$ _____	
Business Activity			
Business Type:	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Corporation	<input type="checkbox"/> Tax Exempt Organization
	<input type="checkbox"/> Simple Trust	<input type="checkbox"/> Private Foundation	<input type="checkbox"/> Government
	<input type="checkbox"/> Complex Trust	<input type="checkbox"/> Disregarded Entity	<input type="checkbox"/> Central Bank of Issue
	<input type="checkbox"/> Estate	<input type="checkbox"/> Grantor Trust	<input type="checkbox"/> Partnership
Us Tax Status:	<input type="checkbox"/> Participating FFI	<input type="checkbox"/> Exempt Beneficial Owner	<input type="checkbox"/> Registered Deemed Compliant
	<input type="checkbox"/> Active NFFE	<input type="checkbox"/> Passive NFFE	
	<input type="checkbox"/> Non-Participating FFI	<input type="checkbox"/> Other:	

State Brief Description of Business Activity:

Will the business handle any money for third parties: ☐ Yes ☐ No

State the nature of the arrangement with third party:

Section D: Business Information for Directors & Signing Officers

Names of Directors (List the names of the two primary Directors first)	Names of Shareholders (List the names of the two primary Directors first)	% Shareholding
1	1	
2	2	
3	3	
4	4	
5	5	

Names of Signing Officers

1	2	3	4
5	6	7	8

Authorized Bearers

Name	ID Type	ID No.	Expiry Date

Expected Wire Transfer Activity

Name Of Receiver	Receiving Bank	Purpose	Amount

Special Instructions

Section E: Operating Account Information

A/C #:	Currency: <input type="checkbox"/> JA <input type="checkbox"/> US <input type="checkbox"/> CAN <input type="checkbox"/> GBP		
Date Opened:	Product Type:	Receipt No.:	Branch:
Send Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	Product Description:		
Purpose Of Account:	Source Of Funds:		
	Initial		
	Ongoing		
Interest Disposition: <input type="checkbox"/> Capitalize <input type="checkbox"/> Transfer _____ % Of Interest To A/C# _____			
Account Mandate:		Expected Monthly Deposits:	
Mandate For Pledging Funds:		Expected Monthly Withdrawals:	

Special Instructions/Signing Authority:

The Officers Shall Operate the Account Upon the Following Signing Authority:

- ☐ Any one authorized Officer ☐ Any two authorized Officers
☐ All ☐ Other: _____

Supporting Documents

Please tick to indicate the documents submitted:

<input type="checkbox"/> Memorandum/Articles of Incorporation	<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Tax Identification	<input type="checkbox"/> Valid Identification and TRN
<input type="checkbox"/> Financial Statements	<input type="checkbox"/> Certificate of Registration of Business Name	<input type="checkbox"/> Resolution to establish account with signing authority	<input type="checkbox"/> FATCA & CRS Self-certification Form (Entities)
<input type="checkbox"/> Reference Letters	<input type="checkbox"/> Partnership Agreement	<input type="checkbox"/> Letter of Good Standing	<input type="checkbox"/> Status Letter
		<input type="checkbox"/> Privacy Waiver	

Section F: Business Loan Account Information (To be completed by Businesses Applying for a Loan)

A/C #:	Currency: <input type="checkbox"/> JA <input type="checkbox"/> US <input type="checkbox"/> CAN <input type="checkbox"/> GBP		
Date Opened:	Product Type:	Receipt No.:	Branch:
Send Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	Product Description:		
Purpose of Loan:	Loan Amount Requested:		
	Loan Term:		
	Method of Repayment		

Collateral Details

Property: Location of Property: _____ Volume Number: _____ Folio Number _____ Market Value of Property: _____ Securities: Security Type: _____ Value: _____ Tenor: _____	Motor Vehicle: Make: _____ Model: _____ Year: _____ Chassis # _____ Engine #: _____ Market Value of Vehicle: _____ Other: Type: _____ Value: _____
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Details of Outstanding Liabilities

Name of Institution	Type of Loan	Loan Outstanding Tenor	Loan Balance

Loan Type

Please tick to indicate the loan the customer is applying for.

<input type="checkbox"/> Commercial Mortgage	<input type="checkbox"/> DBJ Regular – MSME & Large Entities (\$40M - \$200M)	<input type="checkbox"/> MSME Energy Loan	<input type="checkbox"/> DBJ USD Regular Targeted Projects/Sectors
<input type="checkbox"/> Commercial Auto	<input type="checkbox"/> DBJ Regular – MSMEs & Large Entities (\$200M - \$1.5B)	<input type="checkbox"/> DBJ MOF SME	<input type="checkbox"/> Other Business Loans: _____
<input type="checkbox"/> DBJ Regular (Special MSME \$40M or less)	<input type="checkbox"/> AGRIBIZ Loan Facility - MSME	<input type="checkbox"/> DBJ JMD Regular Targeted Projects/Sectors	
		<input type="checkbox"/> DBJ US\$ Regular MSME & Large Entities	

PEP Question

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 Armed Forces, 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 a government owned entity or a foreign government?

☐ Yes ☐ No

Signature

I confirm the information stated on the application is true and complete, and further confirm I have received the “Terms and Conditions” booklet, which governs the account.

Executed under the common seal of the Company.

By Director/Secretary/Proprietor _____
Name Signature

By Director/Secretary/Proprietor _____
Name Signature

Please affix company seal

Corporate Resolution

Corporate Resolution for the operation of accounts with The VM Building Society ("The Society")

Company's Registered Name: _____

Registered Address: _____

It is hereby resolved by the _____ Company on the _____ day of 20 _____

THAT:

The Company shall operate accounts with the Society to be opened and maintained in the name of the Company; and the Company is hereby further authorized through its authorized officers to execute all agreements, instruments and documentation prescribed by the Society for the purposes of establishing and operating accounts with the Society.

The Company is hereby authorized by its signing officers as advised in writing by a Director or the Secretary of the Company to operate accounts with the Society, to give instructions for withdrawal, transfer of funds, verifications, and approvals to the Society in relation to all transactions to be conducted on the accounts. In the event of any change of signing officers, a Director or the Secretary of the Company is duly authorized to issue to the Society a revised Certificate of Officers specifying the newly authorized officers to operate the account and the Society shall be fully protected in relying upon any such certifications. The Company shall indemnify and hold the Society harmless from any claims, demands, expenses or loss or damage resulting from the honouring of signatures of any person so certified or for refusing to honour any signature not certified by the Company.

The Company is hereby authorized to exercise powers to borrow money and to secure the repayment of any such loan thereof with such assets of the Company as may be prescribed the Society as the required collateral for the purposes of securing the indebtedness of the Company.

All agreements, documentation, instruments, and instructions executed by the authorized officers on behalf of the Company are valid and binding on the Company and it is hereby confirmed the Company's seal is not required to be affixed to any written document in order to make such written document valid, binding, and enforceable.

This resolution remains in effect until written notice of cancellation has been provided to the Society and receipt of which is duly acknowledged by the Society. The Company hereby confirms and warrants the above resolution was passed in accordance with the full authority and powers vested in the directors and officers of the Company.

_____	_____	_____
Name	Signature	Director/Secretary

_____	_____	_____
Name	Signature	Director/Secretary

TERMS AND CONDITIONS

By signing this application, the Applicant (an individual or a company)

- a) Confirms that he/she has read this form and the relevant information provided in respect of the Loan and further confirms that the information provided on this Application Form submitted to The Victoria Mutual Building Society ("VMBS"), where applicable, is true, accurate and complete and shall form part of the Application. The Applicant hereby authorize VMBS to take such steps as is necessary to verify the information provided in relation to the loan facility and to do the necessary due diligence to verify all collateral to be pledged in favour of VMBS.
- b) Acknowledges and agrees that the rights and remedies of the VMBS in respect of any misrepresentation and/ or breach of warranty by you shall not in any way prejudice or affect any investigation performed by the VMBS or, without limitation, any other act or matter which, but for this provision, may prejudice or affect the rights or remedies in favour of VMBS.
- c) Acknowledges and agrees that VMBS may at any time hereafter provide your credit information to any Credit Bureau as permitted by law and that your acknowledgement contained herein constitutes written notice of such disclosure. This consent shall remain in full force and effect for the duration of my application for this or any future credit loan facility with VMBS.
- d) Shall establish a savings account to service the loan facility and such account shall remain funded at all times in order to facilitate the timely monthly repayment amount in respect of the said loan.

APPROVAL FEE (NON-REFUNDABLE COMMITMENT FEE)

The Applicant acknowledges the obligation of this loan facility and as such shall pay upon approval of the loan Facility all fees and charges associated with processing of the loan, which include an Approval fee as stated herein, which shall be non-refundable and applicable from time to time. This Application constitutes irrevocable authority to deduct from any account in your name the amount of the Approval Fee upon approval/acceptance of the loan facility.

OTHER FEES AND CHARGES

The Applicant agrees that all fees, duties or charges arising in connection with the loan Facility, and / or the proposed or attempted collection of monies due pursuant to terms and conditions of the loan Facility, or the enforcement or proposed or attempted enforcement of any security granted shall be applied to the Applicant's account for payment and shall be deemed a debt owed to VMBS. If for any reason this transaction is not completed, and all such fees/charges incurred shall constitute a debt owed by you, payable on demand in favour of VMBS.

AUTHORIZED DEDUCTION FROM ACCOUNT

The applicant hereby gives the Society his/her irrevocable authority to deduct from any savings account/s the monthly repayment due and payable on the agreed repayment date to satisfy payment of principal and interest and any late charges which may arise or become due .

EXISTING LOAN FACILITIES

The Applicant acknowledges that any loan Facilities granted by the VMBS pursuant to the Application shall be in addition to all prior loan facilities and shall not affect any prior liability which you may have with VMBS whether primary or contingent on your obligations in respect of such loan facilities, except where the Facilities are being used to settle in full any pre-existing loan facilities;

VMBS reserves the right to call on the Loan Facilities where an event of a Material Adverse Condition (that is, one or more of the following conditions) may exist namely: -

- a) Reduction in cash flow
- b) Declining net worth
- c) Significant additional borrowings from other sources/financial institutions
- d) Reduction in required minimum credit balances
- e) Non-compliance with terms and conditions of approval of the Facilities
- f) Factors or developments which are likely to impair cash flow

SPECIAL CONDITIONS

The VMBS reserves the right not to accept or approve an Application.

The arrangement between us shall be deemed effective as at the date on which VMBS approves the Application.

VMBS reserves the right to review and, if though fit, at its sole discretion withdraw or terminate the credit facility(ies) or assign it to a third party.

In respect of all joint applications, your obligations to the VMBS shall be joint and /or several.

The Applicant/s is/are aware that by signing this application he/she has entered into a contractual relationship with VMBS which expressly authorizes VMBS to process a loan in the amount stated in the application form and once the loan is approved the terms and conditions of this loan agreement are final and may only be terminated by mutual agreement of the parties ;or at the sole discretion of VMBS in the event of any adverse material conditions and/or where the information stated herein is found to be false.

Name of Applicant

Signature of Applicant

Name of Applicant

Signature of Applicant

FOR INTERNAL USE ONLY

Business Category: ☐ Registered Micro & Sole Proprietor Business ☐ Registered Small Business ☐ Medium Size Business
☐ Large Corporations ☐ Small Clubs and Associations ☐ Large Clubs and Associations

Customer Type: ☐ VMBS Employee ☐ VMBS Subsidiary Employee ☐ VMBS Director ☐ PEP ☐ Other _____

PE/Other: Approved By (Name) _____ Signature _____ Date _____

INTERNAL REFERENCE (EXISTING MEMBER ONLY) Applicable Not Applicable

Name of Officer _____ Signature _____ Date _____

CIF CHANGES:

Name of Approving Officer _____ Signature _____ Date _____

Entered By _____ Signature _____ Date _____

Name of FSR _____ Signature _____ Date _____

Name of Approving Officer _____ Signature _____ Date _____