

INTERNAL USE ONLY

Branch: _____ CIF: _____

PERSONAL INFORMATION

Title Mr Mrs Miss Other Please Specify _____

Last Name _____

First Name _____ Alias _____

Middle Name _____

Marital Status Unmarried Married Divorced Widowed Other _____

Maiden Name _____

Gender Male Female

Date Of Birth

D	D	M	M	Y	Y	Y	Y

CONTACT INFORMATION

Home Phone No. _____

Mobile Phone No. _____ Email Address _____

FAMILY NAMES

Father's Name _____

Mother's Name _____ Mother's Maiden Name _____

CITIZENSHIP and RESIDENCY INFORMATION

Country Of Birth _____

Country Of Citizenship _____ US Green Card Holder YES No

Other Citizenship YES No

List Other Countries of Residency Card Holder of YES No
Citizenship 1 _____ any other Country

2 _____

TAXPAYER IDENTIFICATION INFORMATION

Taxpayer ID Type TRN SSN SIN NI ITIN Country of Issue _____

Taxpayer ID #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Taxpayer Exemption #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tax Forms Form W-9 Form W-8 Waiver Other _____

EMPLOYMENT INFORMATION

Employment Status Full Time Student Self Employed - Registered
 Part Time Unemployed Self Employed - Unregistered
 Retired If retired, please state previous occupation _____
 Pensioner If pensioner, please state monthly amount & currency _____

Occupation _____ Industry _____

Employer/School Name _____

Apt#/Street# & Name _____

District/Town/City _____

Parish/County/State _____

Postal Code / Zip Code _____ Country _____

Business Phone _____ Ext.# _____ Start Date (DD/MM/YYYY) _____

Fax Phone No. _____ Business Email Address _____

SALARY INFORMATION

Gross Annual Amount _____ VM STAFF N/A - authorized signer only

Currency: JMD USD CAN GBP Other/Additional Income Yes No

If Yes, please state the source _____ Industry: _____

Amount: _____ Currency: JMD USD CAN GBP

CONTACT PERSON or NEXT OF KIN INFORMATION

Title Mr Mrs Miss Other Please Specify _____

Last Name _____

First Name _____

Middle Name _____

Apt#/Street# & Name _____

District/Town/City _____ Parish/County/State _____

Postal Code / Zip Code _____ Country _____

Relationship _____ Telephone# _____

PEP QUESTION

Are you a Politically Exposed Person (PEP) or an immediate family member (parents, siblings, spouse, children, and/or in-laws) of; 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

PROXY APPOINTMENT

I hereby appoint the Chairman of the Board of Directors of the Society or any director or officer of the Society from time to time nominated by him as my Proxy to vote for me on my behalf at all meetings of the Society. This appointment shall remain valid and effective until revoked by me in accordance with the Rules of the Society.

SIGNATURES

I confirm the information recorded on this application is true and complete, and further confirm I have received the "Terms & Conditions" booklet applicable to my account and transactions.

<hr/> <p style="text-align: center;">Signature of Member</p>	
Date: (dd/mm/yyyy)	

<hr/> <p style="text-align: center;">Signature & Seal or Stamp of Witness/Verifier</p>	
Date: (dd/mm/yyyy)	

FOR INTERNAL USE

CUSTOMER TYPE: VMBS Employee VMBS Subsidiary Employee VMBS Director **HIGH RISK:** PEP Other _____

HIGH RISK APPROVED BY:

NAME: _____ SIGNATURE: _____ DATE: _____

INTERNAL REFERENCE (EXISTING MEMBER ONLY) Applicable Not Applicable

NAME OF AUTHORIZING OFFICER: _____

POSITION OF AUTHORIZING OFFICER: _____

SIGNATURE OF AUTHORIZING OFFICER: _____ DATE: _____

FORM PREPARED BY: _____ SIGNATURE: _____ DATE: _____

INDICATE CHANGES REQUESTED / KEYED:

Internal Reference: YES No Name and / or Address: YES NO Other: YES NO

All Required Supporting Documents provided: YES NO

Comments _____

CHANGES APPROVED BY: _____ SIGNATURE: _____ DATE _____

CHANGES ENTERED BY: _____ SIGNATURE: _____ DATE _____

CHANGES VERIFIED BY: _____ SIGNATURE: _____ DATE _____

