

SECTION 1:

ACCOUNT NAME:

SECTION 2: PERSONAL INFORMATION

TITLE	FIRST NAME	MI	LAST NAME	EMAIL ADDRESS	SEX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FEMALE <input type="checkbox"/>
ADDRESS (INCLUDE STREET AND STREET #)					MALE <input type="checkbox"/>
<input type="text"/>				PLACE OF BIRTH	<input type="text"/>
ADDRESS LINE 2				DATE OF BIRTH	NATIONALITY
<input type="text"/>				<input type="text"/>	<input type="text"/>
TEL. HOME	MOBILE 1	MOBILE 2	TRN		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
OCCUPATION				NAME OF EMPLOYER	
<input type="text"/>				<input type="text"/>	
MAILING ADDRESS IF DIFFERENT FROM ABOVE				ADDRESS OF EMPLOYER	
<input type="text"/>				<input type="text"/>	
<input type="text"/>				PHONE NUMBER (work)	FAX
				<input type="text"/>	<input type="text"/>

SECTION 3: JOINT ACCOUNT HOLDERS

TITLE	FIRST NAME	MI	LAST NAME	TITLE	FIRST NAME	MI	LAST NAME	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS (INCLUDE STREET AND STREET #)				ADDRESS (INCLUDE STREET AND STREET #)				
<input type="text"/>				<input type="text"/>				
ADDRESS LINE 2				ADDRESS LINE 2				
<input type="text"/>				<input type="text"/>				
PHONE NUMBER	MOBILE 1	MOBILE 2	PHONE NUMBER	MOBILE 1	MOBILE 2	PHONE NUMBER	MOBILE 1	MOBILE 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRN			TRN					
<input type="text"/>			<input type="text"/>					

SPOUSE/OR NEXT OF KIN

NAME:	<input type="text"/>	NAME:	<input type="text"/>
PHONE NO:	<input type="text"/>	PHONE NO:	<input type="text"/>
ADDRESS:	<input type="text"/>	ADDRESS:	<input type="text"/>

SECTION 4: SIGNATORIES

The persons appearing below are authorized to sign/issue valid instructions on this account.

NAME:	<input type="text"/>	NAME:	<input type="text"/>
SIGN:	<input type="text"/>	SIGN:	<input type="text"/>
NAME:	<input type="text"/>	NAME:	<input type="text"/>
SIGN:	<input type="text"/>	SIGN:	<input type="text"/>
Additional signing instructions:	<input type="text"/>	Authorized Signature(s):	<input type="text"/>

SECTION 5: INVESTMENT PROFILE

INVESTMENT OBJECTIVE (SELECT MOST IMPORTANT)

- SHORT TERM INCOME
- LONG TERM INCOME
- FOREIGN CURRENCY
- INCOME AND GROWTH
- LONG TERM GROWTH
- TAX MAXIMIZATION

ANNUAL HOUSEHOLD INCOME (OPTIONAL)

- UNDER J\$1M
- J\$1M - J\$2.5M
- J\$2.5 - J\$5M
- J\$5 & ABOVE

CLIENT RISK PROFILE

- AGGRESSIVE
- MEDIUM
- CONSERVATIVE

BANKER: _____
BRANCH: _____

CLIENT AUTHORITY TO PORTFOLIO MANAGER

- FULL DISCRETION
- PARTIAL DISCRETION
- CUSTODY
- ROLL AT MATURITY IF NO INSTRUCTIONS

INVESTMENT KNOWLEDGE

- EXCELLENT
- GOOD
- LIMITED

TYPE OF ACCOUNT

- JA\$
- US\$

SECTION 6: DECLARATION

I/We the undersigned accountholder and (in the case of joint accounts) each joint account holder hereby (jointly and severally, if more than one) acknowledge to and agree with West Indies Union Investment Management Limited ("IML"), its successors and assigns, that the legal relationship between IML and myself/ourselves in relation to the deposit account(s) which I/we may from time to time establish with IML and all transactions and dealings which may from time to time occur in relation to or in connection with the said account(s), are subject to and shall be governed in all respects by the IML Terms and Conditions for investment account(s) prevailing from time to time.

I/we hereby consent to and agree to be bound and to comply in all respects with the IML Terms and Conditions prevailing from time to time as the same may appear in a copy of the IML Terms and Conditions maintained by IML at its offices and/or be confirmed and communicated to me/us on the reverse side of any deposit certificate issued by IML with respect to my/our deposit account(s) aforesaid or in such other manner as IML may in its sole discretion determine.

Signed: _____	Signed: _____	Signed: _____

SECTION 7: INVESTMENT TYPE (OFFICE USE ONLY)

PRINCIPAL (Amount \$)

RATE (%) TENURE (DAYS)

DESCRIPTION

INTEREST (CHECK ONE)

- REINVEST
- PAY OUT
- ACCOUNT TRANSFER

For account transfer enter account details below (Bank, Branch and Account #)

COMMENTS (SPECIAL INSTRUCTION)

SECTION 8: ACCOUNT DETAILS (OFFICE USE ONLY)

Tax Status: _____

A/C#: _____

Date Completed: ___/___/____

Date Entered: ___/___/____

Type of Payment: _____

Officer: _____

Approval (Name & signature) _____

Source of Funds: _____

Expected Transaction Profiles
 (frequency of deposits/withdrawals, No. of Cash transactions, etc.) _____

Identification Taken: _____

Drivers Licence No.: _____

Passport No.: _____

National I.D. No.: _____