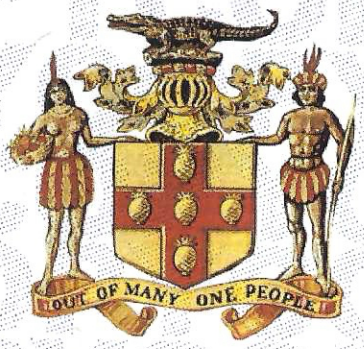
Patent #5,636,874

CERTIFICATE OF THE INCORPORATION OF A COMPANY

TouchSafe®



I hereby certify that

MELLEIGH VENTURES LIMITED

was Incorporated under the

Companies Act as a Limited Company

On The

TENTH day of AUGUST Two Thousand And Twenty Six

Given under my hand at St. Andrew this

ELEVENTH day of AUGUST Two Thousand And Twenty Six

COMPANIES OFFICE OF JAMAICA
Protection, Freedom, Commerce

FABIAN SHACKLETON
For Registrar of Companies

Company#: 137817
NIS#: 1897511
TRN: 004148053
NHT APPLIED
HEART APPLIED

CR001491025
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Patent #5,772,248
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Patent #5,636,874

FORM 1A

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[X] New Incorporation [Requires Stamp Duty]
[ ] Amended Articles
[ ] Adopted Articles
[ ] Re-registration
(Changing from one type of a company to another)

THE COMPANIES ACT OF JAMAICA
ARTICLES OF INCORPORATION:
COMPANY LIMITED BY SHARES

(Pursuant to sections 8 & 25 of the Companies Act 2004)

Stamp Duty Paid
COJ-140726-241[illegible]

COMPLETE THIS FORM IN BLOCK CAPITALS ONLY WITHIN THE PRESCRIBED FIELDS. PUT "N/A" IN FIELDS THAT DO NOT APPLY.

1A. NAME OF COMPANY	Melleigh Ventures Limited		
1B. JUSTIFICATION FOR PROPOSED NAME (if applicable)			The use of words such as "Caribbean", "Global" and "International" must be explained. See BRF1 form for full list of words that need justification.
1C. TYPE OF COMPANY	[X] Private [ ] Public	1D. VALUE OF ALLOTTED SHARES (For public companies only) $	The value of allotted shares for Public Companies must not be less than $500,000.00.

1E. CORE BUSINESS OF THE COMPANY
(The activities of the business are not restricted to the area(s) stated below unless indicated at item 1F)

Invesments

1F. RESTRICTION ON THE BUSINESS OF THE COMPANY (if applicable)

It is not required that you restrict the activities of your company. If there are no restrictions insert 'N/A'.

1G. COMPANY TELEPHONE NUMBER	876-318-3463	1H. COMPANY EMAIL ADDRESS	joshuas97@hotmail.com

2. THE REGISTERED OFFICE IS LOCATED IN JAMAICA AND THE LIABILITY OF THE MEMBERS IS LIMITED

3. COMPANY'S ARTICLES Please check the appropriate box below (ONLY ONE BOX MUST BE CHECKED)

3a. [X] Standard Articles (Rules) Articles 1–78, 80–136 with Varied Article 79 and Additional Articles 137–143 SEE SCHEDULE(S) 1&2

3b. [ ] Standard Articles (Rules) Articles 1–78, 80–136 with Varied Article 79 only SEE SCHEDULE _____

3c. [ ] Standard Articles (Rules) Articles 1–136 with Additional Articles 137–143 only SEE SCHEDULE(S) _____

3d. [ ] Standard Articles (Rules) in their entirety Articles 1–136

3e. [ ] Other *(If "Other" is checked, please list the numbers of the articles from Table A that are to apply (if any) and/ or state the name(s) of the schedule(s) which contain the additional/varied articles which are to apply below)*

IF THE COMPANY IS A PRIVATE COMPANY, THE FOLLOWING ARTICLES SHALL APPLY:

- The right to transfer shares is restricted;
- Subject to section 25(1)(b) of the Companies Act 2004, the number of members of the company is limited to twenty (*This is exclusive of persons who having been formerly in the employment of the company were, while in that employment, and have continued after the determination of such employment to be members of the company*);
- Provided that where two or more persons hold one or more shares in the company jointly they shall for the purpose of this regulation be treated as a single member; Any invitation to the public to subscribe for any shares or debentures of the company is prohibited;
- Any invitation to the public to deposit money for fixed periods or payable on call whether bearing or not bearing interest is prohibited;
- Subject to the exceptions provided for the in Twelfth Schedule to the Act, any person other than a shareholder is prohibited from having any interest in any of the company's shares.

TO COMPLETE THIS SECTION

Table A of the First Schedule of the Companies Act 2004 provides standard articles (rules) for the internal management of a company limited by shares.

In Table A:

- Articles 1–78 detail SHARES, share transfers, general meetings, votes of members, Directors etc.
- Varied Article 79 allows the company to borrow money.
- Articles 80–136 detail the duties of Directors, the seal, accounts, audit, and indemnity etc.
- Articles 137–143 detail that share transfers must be submitted by the Directors etc.

You may choose from Table A:

3a. Most of the Rules in their entirety with common varied and additional articles.

3b. Most of the Rules in their entirety with a common varied article.

3c. All of the rules in their entirety with common additional articles.

3d. All of the rules in their entirety.

3e. Your custom combination of articles.

If you do not choose to accept them at all, you must attach your own articles (rules) for the internal management of the company to this form and select the "Other" option. You are also required to attach schedules containing the varied or additional articles which you wish to include.

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FORM 1A

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4. AUTHORISED NUMBER OF SHARES This is the maximum number of shares that your company is authorised to issue.

1000

The total number of shares in all classes should not exceed the total number of shares, if any, indicated at item 4.

4A. CLASSES OF SHARES (Indicate by ticking the class or classes of shares that the company is authorized to issue upon incorporation)	4B. TOTAL NUMBER OF SHARES IN EACH CLASS
☑ ORDINARY	1000
☐ PREFERENCE	
☐ OTHER Specify _____	

Shares may be issued with different rights, privileges and conditions. Shares with the same rights, privileges and conditions are grouped into the same class.
All companies limited by shares must issue at least one class of shares which are non-redeemable (e.g. ordinary shares) and may issue multiple classes of shares. Where only one class of shares is issued, they are automatically deemed ordinary shares.

FORM 3: Where more than one class of shares are issued, at incorporation, a Form 3 must be completed and attached to this form. The Form 3 identifies the associated rights, conditions and privileges of the classes of shares.

5. RESTRICTIONS ON SHARE TRANSFER (e.g. "Directors must give consent to the transfer of shares" or "See article 24 of Table A")

Directors must give Consent To the transfer of ~~Shares~~ $ 1 Shares

All private companies must restrict the right to transfer shares (e.g. *shares must be first offered to existing shareholders*).

A public company may only restrict the right to transfer shares which have not been fully paid up.

6. NON-CASH CONSIDERATION

Were any shares issued for non-cash consideration (that is, as a payment for goods, services, property, good will, shares in other companies etc.) based on a contract that existed before incorporation?
(ONLY ONE BOX MUST BE CHECKED)

☐ Yes ➡ Complete item 6A
☑ No ➡ Continue to Item 7

6A. PLEASE INDICATE THE NATURE AND VALUE OF THE NON-CASH CONSIDERATION BELOW

7A. MINIMUM NUMBER OF DIRECTORS	2
AND / OR	
7B. MAXIMUM NUMBER OF DIRECTORS	15

A **private company** must have at least one Director, he/she cannot also be the Company Secretary.
A **public company** must have a minimum of **three (3) Directors**, two of them, however, should not be employed by the company or any of its affiliates.

8. PARTICULARS OF DIRECTORS

DIRECTOR 1 (Where the Director is an individual the name must be represented as FIRST MIDDLE LAST)
☐ This person is a nominee director

If the person is a nominee director, attach nominee schedule

FULL NAME:	Garfield Heron			☐ SAME AS COMPANY SECRETARY
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:	1 Newleigh lane		
	TOWN:	Mandeville	POST OFFICE/POSTAL CODE:	Mandeville Post office
	PARISH/COUNTY/ STATE/PROVINCE:	Manchester	COUNTRY:	Jamaica
OCCUPATION:	Businessman			

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FORM 1A

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DIRECTOR 2 (Where the Director is an individual the name must be represented as FIRST MIDDLE LAST)
☐ This person is a nominee director

If the person is a nominee director, attach nominee schedule

FULL NAME:	Joshua Sutherland			☑ SAME AS COMPANY SECRETARY
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:	5 Melwood Avenue		
	TOWN:	Kingston	POST OFFICE/POSTAL CODE:	Kingston 08
	PARISH/COUNTY/ STATE/PROVINCE:	St andrew	COUNTRY:	Jamaica
OCCUPATION:	Businessman			

DIRECTOR 3 (Where the Director is an individual the name must be represented as FIRST MIDDLE LAST)
☐ This person is a nominee director

If the person is a nominee director, attach nominee schedule

FULL NAME:				☐ SAME AS COMPANY SECRETARY
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/ STATE/PROVINCE:		COUNTRY:	
OCCUPATION:				

DIRECTOR 4 (Where the Director is an individual the name must be represented as FIRST MIDDLE LAST)
☐ This person is a nominee director

If the person is a nominee director, attach nominee schedule

FULL NAME:				☐ SAME AS COMPANY SECRETARY
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/ STATE/PROVINCE:		COUNTRY:	
OCCUPATION:				

☐ _____ Continuation page(s) attached

9. PARTICULARS OF COMPANY SECRETARY

(Where the Secretary is an individual the name must be represented as FIRST MIDDLE LAST
(Where one of the named Directors has been identified as the Company Secretary, this item does not need to be completed.)

FULL NAME:				
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/ STATE/PROVINCE:		COUNTRY:	
OCCUPATION:				

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COMPANIES OFFICE OF JAMAICA Protection, Freedom, Commerce

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FORM 1A

10. PARTICULARS OF SUBSCRIBERS WHO ARE INDIVIDUALS

☐ This person is a nominee shareholder ☐ This person is a nominee shareholder ☐ This person is a nominee shareholder ☐ This person is a nominee shareholder

SHAREHOLDER PARTICULARS	SHAREHOLDER 1	SHAREHOLDER 2	SHAREHOLDER 3	SHAREHOLDER 4
NAME	Garfield Herron			
ADDRESS	1 Newleigh Lane, Mandeville po, Manchester			
NATIONALITY	Jamaican			
OCCUPATION	Businessman			
SHARES TAKEN UP	The total of the number of shares issued to all shareholders may not exceed the authorised number of shares stated at item 4.			
CLASS OF SHARES	1. ORDINARY* 2. PREFERENCE* OTHER* 3.			
AMOUNT OF SHARES	1. 1000 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
SIGNATURE	Garfield Heron Digitally signed by Garfield Heron Date: 2026.07.14 11:11:33 -05'00'			
DATE (dd/mm/yyyy)	14/07/2026			
WITNESS PARTICULARS	WITNESS FOR SHAREHOLDER 1	WITNESS FOR SHAREHOLDER 2	WITNESS FOR SHAREHOLDER 3	WITNESS FOR SHAREHOLDER 4
WITNESSED BY (NAME OF WITNESS)	Joshua sutherland			
WITNESSED AT (LOCATION/ADDRESS)	5 Melwood Avenue Kingston 8 Jamiaca			
SIGNATURE	Joshua Sutherland Digitally signed by Joshua Sutherland Date: 2026.07.14 11:11:22 -05'00'			
DATE (dd/mm/yyyy)	14/07/2026			
If a subscriber and a witness are located in different countries, 'while on visit' must be selected.	☐ While on Visit	☐ While on Visit	☐ While on Visit	☐ While on Visit

* Where more than one class of shares are issued, *at incorporation*, a Form 3 must be completed and attached to this form.

☐ _____ Continuation page(s) attached

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FORM 1A

11. PARTICULARS OF SUBSCRIBERS WHO ARE COMPANIES

COMPANY PARTICULARS		OFFICER PARTICULARS	OFFICER 1	OFFICER 2
COMPANY NAME		OFFICER NAME		
COMPANY NUMBER (LOCAL/OVERSEAS COMPANY)		OFFICE HELD IN COMPANY		
DATE OF INCORPORATION (DD/MM/YYYY)		SIGNATURE		
COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS				
COUNTRY OF INCORPORATION		DATE (DD/MM/YYYY)		

SHARES TAKEN UP The total of the number of shares issued to all shareholders may not exceed the authorised number of shares stated at item 4.

CLASS OF SHARES	AMOUNT OF SHARES
1. ORDINARY*	1.
2. PREFERENCE*	2.
OTHER*	3.
3. Specify	

* Where more than one class of shares are issued, *at incorporation*, a Form 3 must be completed and attached to this form.

SEAL

WITNESS PARTICULARS	WITNESS FOR OFFICER 1	WITNESS FOR OFFICER 2
BY (NAME OF WITNESS)		
WITNESSED AT (LOCATION/ADDRESS)		
SIGNATURE		
DATE (DD/MM/YYYY)		
If an officer and a witness are located in different countries, 'while on visit' must be selected.	☐ While on Visit	☐ While on Visit

☐ _____ Continuation page(s) attached

12. DECLARATION OF ACCURACY OF PRESENTED INFORMATION

To the best of my knowledge, information and belief, I hereby certify the contents of this form to be accurate.

NAME OF DECLARANT	Joshua Sutherland	CAPACITY	☐ Director ☑ Secretary ☐ Authorised Official
SIGNATURE OF DECLARANT	Joshua Sutherland Digitally signed by Joshua Sutherland Date: 2026.07.14 11:11:45 -05'00'	DATE (DD/MM/YYYY)	14/07/2026

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Patent #5,636,874

SCHEDULE 2

ARTICLE 137

'Subject to the provisions of sections 56, 57 and 58 of the Act, a Company may issue shares which by the terms of the issue will be redeemed or at the option of the Company, may be redeemed.'

ARTICLE 138

'Subject to the provisions of section 58 of the Act, a Company may purchase or otherwise acquire shares issued by it.'

ARTICLE 139

'Subject to section 59 of the Act, the Company may acquire its own shares of any class to:

(a) Settle or compromise a debt or claim asserted by or against the company
(b) Eliminate fractional shares
(c) Fulfill the terms of a non-assignable agreement under which the company has an option or is obliged to purchase shares owned by an officer or an employee of the company.'

ARTICLE 140

'No share or class of shares may be issued unless the shares have first been offered to the shareholders of the company holding shares of that class.'

ARTICLE 141

'Subject to section 71 of the Act, the company may by special resolution:

(a) Extinguish or reduce a liability in respect of an amount unpaid on any shares;
(b) Reduce its stated capital by an amount that is not represented by realizable assets; or
(c) Return to its shareholders any of its assets which are in excess of the wants of the company.'

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ARTICLE 142

'Subject to section 184 of the Act, the company may give financial assistance by means of a loan, guarantee or otherwise:

(a) To a shareholder, director, officer or employee of the company or affiliated company, or to an associate of any such person for any purpose; or

(b) To any person for the purpose of, or in connection with, a purchase of a share issued or to be issued by the company or a company with which it is affiliated.'

ARTICLE 143

'Subject to section 201 of the Act, the company may pursuant to section 201 indemnify:

(a) A director or officer of the company or any person employed by the company as an auditor;
(b) A former director, officer or auditor of the company; or
(c) A person who acts or has acted at the company's request as a director or officer of a body corporate of which the company is or was a shareholder or creditor, and his legal representatives, against all costs, charges and expenses reasonably incurred by him in respect of any civil, criminal or administrative action or proceeding to which he is made a party by reason of being, or having been, a director or officer of that company or body corporate, or any person employed by a company or body corporate as an auditor.

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THE JMMB GROUP

CLIENT INFORMATION FORM
BUSINESS

BCIF-032025

PLEASE COMPLETE IN BLOCK CAPITALS
In addition to completing this form, kindly provide documents (based on the entity type), contained in our Client Onboarding Checklist.

Kindly select territory where application is being completed
☐ Jamaica (JA) ☐ Trinidad & Tobago (TT) ☐ Dominican Republic (DR)

BUSINESS INFORMATION
(Complete where applicable)

Registered Name: MELLEIGH VENTURES LIMITED			
Description of Business: INVESTMENT HOLDING COMPANY			
Date of Incorporation (dd/mm/yyyy): 10-Aug-2026		Country of Incorporation: JAMAICA	
Industry/Sector: INVESTMENT HOLDING		Tax Compliance No./Tax Identification No.: 004148053	
Primary Trade Area(s): ☐ Jamaica (JA) ☐ Trinidad & Tobago (TT) ☐ Dominican Republic (DR) ☐ Other (specify):			
Address of Registered Office: 14 ELSPETH AVENUE			
Parish/City: ST ANDREW	State:	Zip Code/Sector: KINGSTON 5	Country: JAMAICA
Tel. No. 1: 876-318-3463	Tel. No. 2:	Fax:	
Website:		Email: j.sutherland@offshorepackagingja.com	
Mailing Address (if different from Registered Office):			
Parish/City:	State:	Zip Code/Sector:	Country:
Primary Contact Person: JOSHUA SUTHERLAND	Position: DIRECTOR	Tel. No. 876-318-3463	
Secondary Contact Person: GARFIELD HERON	Position: DIRECTOR	Tel. No.	

INCOME DETAILS & PROJECTED LEVEL OF ACTIVITY

What is the maximum projected level of activity within a year? (e.g. between $100,000 - $200,000)	UP TO US$100,000,000
Expected transaction amounts and frequency (e.g. $10,000 per month) Currency: Amount: Frequency:	USD / APPROX. US$8,300,000 / MONTHLY
Primary Source of Funding (How will the account be funded?): PROCEEDS FROM OTHER INVESTMENTS	Source of Wealth (How did you accumulate your wealth?):
Business Income (Gross Revenue):	
Major Suppliers (where applicable):	
Staff Count (no. of employees including the owner):	Purpose of the Accounts: OPERATING ACCOUNTS

BANKERS

Name of Principal Banker:		Name of Secondary Banker:	
Address:		Address:	
Tel. No.:	Tel. No.:	Tel. No.:	Tel. No.:

LEVEL OF AUTHORITY TO MANAGE PORTFOLIO

☐ **Full Discretion** - Client grants full authority without consultation ☐ **Partial Discretion** - Clients must be contacted before execution of any trade or transaction ☐ **Custody** - No discretion to trade. Assets are for safekeeping and reporting only

RISK APPETITE

■ **Conservative (Low Risk)** ■ **Medium (Medium Risk)** ■ **Aggressive (High Risk)**

CORPORATE RELATIONSHIP INFORMATION

Is the company:

a. Acting as a trustee for another in relation to the business relationship or one-off transaction concerned? ■ Yes ■ No
b. One with nominee shareholders, or shares held in bearer form? ■ Yes ■ No

Kindly list the name, Tax Identification Number and corporate relationship with the company, of all authorized signatories and management officers based on entity type, (including beneficial owners, directors, majority shareholders, partners, sole trader, minister of religion, settlors, grantors, governing board members etc.). Please request a supplemental form for additional persons.
Please note, if the corporate individuals listed below are not existing clients of JMMB Group, they will be required to complete a **Client Information Form – Corporate Individual** and provide Know Your Client documents (KYC) including identification, proof of address and Tax Identification number based on the regulatory requirements.

Name (first, last name)	**Tax Identification Number (e.g., TRN, SSN)**	**Position** (e.g., authorized signer, beneficial owner, director, sole trader, partner etc.)	**% Shareholding** (For majority shareholders only)
JOSHUA SUTHERLAND	124937055	DIRECTOR (NON-SIGNATORY)	0%
GARFIELD HERON	106523708	DIRECTOR / SOLE SHAREHOLDER / SOLE AUTHORISED SIGNER	100%

FX/CAMBIO TRANSACTION REQUIREMENTS

1. Does the business intend to utilize JMMB Group's FX/Cambio service? ■ No ■ Yes **(If Yes is selected, kindly complete questions 2-4 below)**

2. Is the business in possession of any special authorizations under the BOJ Act Section IVA pertaining to foreign exchange activities? ■ No ■ Yes If Yes selected, kindly provide copy of special authorization.

3. What would be the purpose of the FX/Cambio service?

   ☐ Bill payments for services rendered by overseas based parties; or for items purchased from overseas for the business' own use

   ☐ Importation of commercial goods

   ☐ Own account investment activities

   ☐ Other (details to be provided as to what the activity entails)

_____

_____

_____

_____

4. Based on the purpose outlined in question 3, give a general estimation of the frequency with which the business expects to be conducting these activities:

   ■ Daily ■ Weekly ■ Fortnightly ■ Monthly ■ Bi-monthly;
   ■ Quarterly ■ Bi-yearly ■ Annually ■ Occasionally ■ As the need arises

ADDITIONAL INFORMATION

Heard about us via: ☐Branch Effort ☐Campaign ☐Client ☐Client Care Centre ☐Financial Advisor ☐Friend ☐Internet ☐Newspaper ☐Radio ☐ Client Education Workshop ☐Team Member ☐Television ☐Other (Please specify)

DECLARATION & CONSENT

Your financial information is used to help us manage operations, risk and to better serve you. Your information may also be used to satisfy valid information requests from regulators and other organizations or individuals who are legally entitled to such information.

I/We confirm that by signing this form, I/we declare and acknowledge that the information given by me/us is, to the best of my/our knowledge, correct and will be relied upon by the JMMB Group; also that I/we are authorizing the JMMB Group to take such steps as it may deem necessary to verify any of the information provided by me/us. I/We have read this form, before signing and are aware of the obligations contained herein.

Name	Position	Signature
JOSHUA SUTHERLAND	DIRECTOR	
GARFIELD HERON	DIRECTOR	
Date (dd/mm/yyyy):		

WELLEIGH VENTURES LIMITED SEAL Company Stamp/Seal

This section is to be completed by a Justice of the Peace, Notary Public, Bank Manager or Attorney-at-Law if documents were signed outside a JMMB Office.

I hereby certify that the signature(s) appearing on this form was/were affixed in my presence by the said person(s) who presented satisfactory identification(s).

Name	Signature
Address Line 1:	
Address Line 2:	Country:

Place Stamp/Seal here

FOR INTERNAL USE ONLY

Subsidiary/Branch/Department .....

Documents Received from Client

☐ Certification of Incorporation ☐Business Name Registration Certificate ☐ Memorandum & Articles of Ass. or Articles of Incorporation
☐ Certificate of Registration (for Charities/Non-Profit Org. issued by Department of Cooperative & Friendly Societies)
☐ Company TIN ☐ Company TCC ☐Board Resolution ☐ Letter from Ministry Of Finance
☐ Financial Statements ☐ Current Tax Returns ☐ Indemnity ☐ Partnership Agreement
☐ ID, TIN (e.g. TRN/SSN) & Proof of Residential Address for Directors, Major Shareholders & Authorized Signers
☐ Other documents .....

FOR BRANCH USE ONLY	Receiving Agent:	Signature:		Date (dd/mm/yy):
	Input Agent:	Signature:		Date (dd/mm/yy):
	Risk Status: ■ Low ■ Medium ■ High	Connected Party: ■ Yes ■ No	Relationship Officer:	
	If High Risk Approved by:			
FOR CENTRALISE BUSINESS SUPPORT SERVICES	Inputting Officer:	Signature:		Date (dd/mm/yy)
	Approving Officer:	Signature:		Date (dd/mm/yy):
	Scanning Officer:	Signature:		Date (dd/mm/yy):

THE JMMB GROUP

CLIENT INFORMATION FORM - CORPORATE INDIVIDUAL
Form # CIFCI-032025

Thank you for your interest in joining the JMMB Group. This form is to be completed by individuals who are not already JMMB clients who have an established relationship with an entity or unincorporated association that does business with the JMMB Group, and are required to provide limited KYC information. A list of the relationships that are required to complete this form is captured on the Client Information Form - Business

Kindly select territory where application is being completed:
■ Jamaica ■ Trinidad & Tobago ■ Dominican Republic

Universal Client Number

PERSONAL INFORMATION

Title (Mr. Ms. Mrs. Other)	First Name	Middle Name(s)	Last Name
MR	GARFIELD	EARL	HERON

Alias (if applicable)	Tax Identification Number:	Are you a citizen/permanent resident of any other country? ■ No ■ Yes
	106523708	
Date of birth (dd/mm/yyyy)	Nationality:	If Yes state country:
14-Jun-1970	AMERICAN	UNITED STATES OF AMERICA
Place of birth: MANDEVILLE, MANCHESTER, JAMAICA		

POLITICALLY EXPOSED PERSONS (PEP)

Are you or any of your immediate family members (spouse*, child, step & adopted child, parents, siblings, child's spouse*) or their close business associates, a current or former Head of State, Head of Government, member of any House of Parliament, Minister of Government, member of the judiciary, military official above the rank of Captain, member of police above the rank of Assistant Commissioner, Permanent Secretary or Chief Technical Director in charge of a Government department/ministry/executive agency/ statutory body, official of any political party &/or director or CEO of any company owned by your country of residence or a foreign government?
■ No ■ Yes If Yes in what capacity?
*including common-law

CONTACT INFORMATION

Residential/Permanent Address (Proof of address required – no older than 3 months)
1 NEWLEIGH LANE

Parish/City: MANCHESTER	State:	Zip Code/Sector: MANDEVILLE P.O.	Country: JAMAICA

Mailing address (if different from residential address):

Parish/City:	State:	Zip Code/Sector:	Country:

Telephone Numbers: Home	Work	Mobile (1)	Mobile (2)

Email address (1)	Email address (2)

Preferred Method of Contact: Call: ■ Home ■ Work ■ Mobile ■ Email ■ WhatsApp ■ SMS

DECLARATION & CONSENT

Your financial information is used to help us manage operations, risk and to better serve you. Your information may also be used to satisfy valid information requests from regulators and other organizations or individuals who are legally entitled to such information. In addition the information provided may also be shared with other companies within the JMMB Group. It is hereby agreed and accepted that JMMB Group reserves the right to collect, process and share as data for marketing and research efforts any information that is provided herein. JMMB will ensure that the necessary technical and organizational measures are in place to safeguard against any security breach before transferring any personal data. I confirm that by signing this form, I declare and acknowledge that the information given by me is correct and can be relied upon by the JMMB Group; also that I am authorizing the JMMB Group to take such steps as it may deem necessary to verify any of the information provided by me. I have read this form before signing and am aware of the obligations contained herein.

Client Signature: _____ Date dd/mm/yyyy: _____

If documents were signed outside of JMMB's Office, this section is to be completed by any of the following, Justice of the Peace, Notary Public, Bank Manager or Attorney-at-Law. I hereby certify that the signature(s) appearing on this form was/were affixed in my presence by the said person who presented satisfactory identification.

Name	Signature	Date: dd/mm/yyyy

Place stamp/seal here

THE JMMB GROUP

CLIENT INFORMATION FORM - CORPORATE INDIVIDUAL

Form # CIFCI-032025

FOR INTERNAL USE ONLY

Subsidiary/Branch/Department: _____

Documents Received from Client (kindly attach to this form)

- ☐ Driver's licence
- ☐ Resident/Citizenship card
- ☐ Proof of Residential address
- ☐ Passport
- ☐ Birth/Adoption Certificate
- ☐ Tax ID (or foreign equivalent)
- ☐ National ID + Birth/Adoption Certificate
- ☐ Court Order
- ☐ Decree Absolute
- ☐ Marriage Certificate
- ☐ Voluntary Declaration

For Branch Use Only	Receiving Agent:	Signature:	Date (dd/mm/yy):
	Input Agent:	Signature:	Date (dd/mm/yy):
	Relationship Officer:	Signature:	Date (dd/mm/yy):
	Risk Status ☐ Low ☐ Medium ☐ High	Connected Party: ☐ Yes ☐ No	
FOR BRANCH/ COMPLLIANCE	If High Risk Approved by:	Signature:	Date (dd/mm/yy):
	Compliance Notes:		
FOR CENTRALISED BUSINESS SUPPPORT SERVICES	Approving Officer:	Signature:	Date (dd/mm/yy):
	Scanning Officer:	Signature:	Date (dd/mm/yy):

THE JMMB GROUP

ENTITY TAX RESIDENCY SELF-CERTIFICATION FORM

ETRSCF#032025

PLEASE READ THE BELOW INSTRUCTIONS BEFORE COMPLETING THIS FORM:

JMMB[1] is obligated to collect certain information about each Account Holder's tax residency or status which is in keeping with the requirements under the Foreign Account Tax Compliance Act (FACTA) and the Common Reporting Standard (CRS).

This form is to be completed by each Account Holder classified as a company/corporation, partnership, organization, foundation and other types of legal arrangements such as trusts and estates (collectively referred to as the Entity). It will remain valid unless there is a change in circumstances relating to the Entity's tax residency or tax status. In such instances, the Entity must notify JMMB of the change and provide an updated Entity Tax Residency Self-Certification Form within 30 days of the change in the entity's tax residency or tax status.

- Where the Account Holder is an individual or sole trader do not complete this form. Instead, please complete a **Individual Tax Residency Self Certification Form**.
- Parts 2 and 3 must be completed to indicate whether or not the entity is a tax resident of the USA or other foreign countries/ jurisdictions. If the Account Holder is a tax resident of the USA, a W-9 form also needs to be completed and submitted.
- Where the Account Holder is a Passive Non-Financial Entity (NFE) as defined under CRS, or a Passive Non-Financial Foreign Entity (NFFE) as defined under FATCA, or an Investment Entity located in a CRS Non-Participating Jurisdiction managed by another Financial Institution, details are required for each "Controlling Person"[2]. Each Controlling Person must complete a **Corporate Individual Client Information Form and a Individual Tax Residency Self Certification Form** if they are not an existing JMMB client. Controlling Persons who are existing JMMB clients may be required to provide updated information.
- Part 5 of this form must be signed in accordance with the account signing mandate on record at JMMB.
- A summary of requirements and definitions can be found in the **Glossary of Terms and Codes for CRS & FATCA** on our website (www.jmmb.com).

As a financial institution, JMMB is not permitted to provide clients/Account Holders with tax advice. JMMB will provide general guidance on completing this form, however, kindly consult your local tax adviser to assist with any questions you may have regarding residency or tax details required on this form. Additional information can be found on tax residence for CRS on the OECD[3] website http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/. FATCA information for US entities is available on the US Treasury website https://home.treasury.gov/policy-issues/tax-policy/foreign-account-tax-compliance-act .

[1] JMMB refers to JMMB Financial Holdings Limited and its wholly owned subsidiaries regardless of geographical location.
[2] Please refer to the Glossary for the meaning and types of controlling persons.
[3] Organisation for Economic Co-operation and Development

THE JMB GROUP LTD

ENTITY TAX RESIDENCY SELF-CERTIFICATION FORM

ETRSCF#032025

PLEASE COMPLETE PARTS 1-5 IN BLOCK CAPITALS

PART 1: IDENTIFICATION OF ACCOUNT HOLDER

A. Legal Name of Entity/Branch (where applicable)	**B. Country of Incorporation or Organization**
MELLEIGH VENTURES LIMITED	JAMAICA

C. Current Entity Residence Address (House/Apt/Suite, Name, Number, Street)
14 ELSPETH AVENUE

Town/City/Province/State/County	Country:	Postal/Zip Code:
ST ANDREW	JAMAICA	KINGSTON 5

D. Entity Mailing Address (House/Apt/Suite, Name, Number, Street) - *if different from the address shown in Section C above*

Town/City/Province/State/County	Country:	Postal/Zip Code:

PART 2: FATCA CERTIFICATION AND DECLARATION OF ENTITY TYPE

PART 2A: FATCA DECLARATION – SPECIFIED U.S. PERSON

Please indicate your US status by selecting the appropriate option below:

U.S. ENTITIES

a) ☐ The Entity is a Specified U.S. Person. *(Please provide the entity's U.S. federal taxpayer identifying number (U.S. TIN)*

_____

b) ☐ The Entity is a U.S. Person that is not a Specified U.S. Person. Please indicate exemption

_____

(*Please refer to glossary for a list of exemptions*)

NON-U.S. ENTITIES

c) ☑ The Entity is a **not** a U.S. Person *(if checked please complete PART 2B)*

PART 2B – ENTITY FATCA CLASSIFICATION

Kindly indicate your FATCA Chapter 4 Status by selecting the appropriate option below:

(a) If the Entity is a Financial Institution, please select the appropriate option and provide the Entity's FATCA Global Intermediary Identification Number (GIIN).

- ☐ Reporting Financial Institution (FFI) under a Model 1 Intergovernmental Agreement (IGA)
- ☐ Participating Foreign Financial Institution (PFFFI),
- ☐ Registered Deemed-Compliant FFI that is a Local FFI
- ☐ Registered Deemed-Compliant FFI that is a Non-Reporting Member of a PFFI Group
- ☐ Registered Deemed-Compliant FFI that is a Qualified Collective Investment Vehicle
- ☐ Registered Deemed-Compliant FFI that is a Qualified Credit Card Issuer or Servicer
- ☐ Registered Deemed-Compliant FFI that is a Restricted Fund

Please indicate your Global Intermediary Identification Number (GIIN) .....

(b) If the entity is a Financial Institution but unable to provide a GIIN, please select one of the below reasons:

- ☐ The Entity is a Financial Institution and has not yet obtained a GIIN.
- ☐ The Entity is a Sponsored Financial Institution and has not yet obtained a GIIN.

Please provide the sponsor's name and sponsor's GIIN

Sponsors Name _____ Sponsor's GIIN _____

☐ The Entity is a Trustee Documented Trust
Please provide 's name and sponsor's GIIN
Trustee's Name _____ Trustee's GIIN _____

☐ The Entity is a Certified Deemed Compliant, or otherwise Non-Reporting Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution).

Please indicate the exemption _____

☐ The Entity is a Non-Participating Foreign Financial Institution

(c) If the entity is not a Financial Institution, please confirm the entity's status below:

☐ The Entity is an Exempt Beneficial Owner. Please indicate status _____
☐ The Entity is a Direct Reporting Non-Financial Foreign Entity (NFFE) Please provide GIIN _____
☐ The Entity is an Active Non-Financial Foreign Entity (Active NFFE), including an Expected NFFE
☑ The Entity is a Passive Non-Financial Foreign Entity (Passive NFFE) *(Please complete Part 4 by providing details on controlling persons)*

PART 3: COMMON REPORTING STANDARD (CRS) CERTIFICATION & DECLARATION OF ENTITY TYPE

PART 3A – CRS CERTIFICATION

Is the Entity a tax resident of any countries or jurisdictions other than, the United States of America?

☐ Yes ☐ No

If yes, please complete the following table indicating where the Entity is tax resident and the Entity's Tax Identification Number (TIN) or functional equivalent for each country/ jurisdiction **indicated.** (*If the Entity is not a tax resident in any country/* jurisdiction *(e.g. because it is fiscally transparent), please indicate tax residency status on line 1 and provide the Entity's place of effective management or country/* jurisdiction *in which its principal office is located.)*

If a TIN or functional equivalent is unavailable, please provide the Reason A, B or C where appropriate:

- Reason A - The country/jurisdiction where the Account Holder is liable to pay tax does not issue TINs **or the functional equivalent** to its residents.
- Reason B - The Account Holder is otherwise unable to obtain a TIN or **functional equivalent** (Please explain why the entity is unable to obtain a TIN **or functional equivalent** in the below table if this reason is selected)
- Reason C - No TIN **or functional equivalent** is required because the tax residence country/jurisdiction that issued the TIN **or functional equivalent** does not require it to be disclosed.

Country/Jurisdiction of Tax Residence	TIN or functional equivalent	If no TIN or functional equivalent available, select Reason A, B or C
1. JAMAICA	004148053	☐ Reason A ☐ Reason B ☐ Reason C
2.		☐ Reason A ☐ Reason B ☐ Reason C
3.		☐ Reason A ☐ Reason B ☐ Reason C

Please specify the reason for the unavailability of the tax ID if Reason B is selected above.

PART 3B – CRS ENTITY CLASSIFICATION

Please provide CRS classification by selecting the appropriate option below.

(Note that CRS classification does not necessarily coincide with your classification for U.S. FATCA purposes.)

1. **Financial Institution**
   a. Financial Institution – Investment Entity

i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution *(Note: if ticking this box please also complete **Part 4** below)* ☐

ii. Other Investment Entity ☐

b. Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company ☐

2. Non-Financial Institution

c. Active Non-Financial Entity (NFE) – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation. ☐

- If you have ticked **c.**, please provide the name of the established securities market on which the corporation is regularly traded: _____

- If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in **c.** is a Related Entity of: _____

d. Active Non-Financial Entity (NFE) – a Government Entity or Central Bank ☐

e. Active Non-Financial Entity (NFE) – an International Organisation (*for example the United Nations or World Health Organisation*) ☐

f. Active Non-Financial Entity (NFE) – other than **c.** – **e.** *(for example a start-up NFE or a non-profit NFE)* ☐

g. Passive Non-Financial Entity (NFE) *(**Note**: if ticking this box please also complete **Part (4)** below)* ☑

PART 4: DECLARATION OF CONTROLLING PERSONS FOR FATCA AND/OR CRS TAX PURPOSES

Please complete for each Controlling Person where the Entity is classified as a **Passive NFFE** under **Part 2 (FATCA)** or **Passive NFE** under **Part 3 (CRS)**. ***(See definition of Controlling Person in Glossary of Terms and Code for CRS and FATCA)***

Indicate the name of any Controlling Person(s) for the Entity as per the 'controlling person types' description below. Where more than six (6) Controlling Persons exist, please complete an additional form.

TIN / Functional equivalent	Full Name (Surname, First Name)	Date of Birth	Percentage Holding	Controlling Person Type
592-65-7084	HERON, GARFIELD EARL	14-Jun-1970	100%	a

Controlling Person Types

a. Controlling Person of a legal person – control by ownership	h. Controlling Person of a trust – other
b. Controlling Person of a legal person – control by other means	i. Controlling Person of a legal arrangement (non-trust) - settlor – equivalent
c. Controlling Person of a legal person – senior managing official	j. Controlling Person of a legal arrangement (non-trust) – trustee – equivalent
d. Controlling Person of a trust – settlor	k. Controlling Person of a legal arrangement (non-trust) – protector – equivalent
e. Controlling Person of a trust - trustee	l. Controlling Person of a legal arrangement (non-trust) – beneficiary – equivalent

f. Controlling Person of a trust – protector	m. Controlling Person of a legal arrangement (non-trust) – other – equivalent
g. Controlling Person of a trust – beneficiary	

PART 5: DECLARATIONS, CONSENT & SIGNATURE

I/We understand that the information I/we supplied is covered by the full provisions of all the *Terms and Conditions* governing the Account Holder's relationship with JMMB Group, outlining how JMMB Group may use and share the information I/we provide.
I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to Intergovernmental Agreements to exchange financial account information. In addition, the information provided may also be shared with other companies within the JMMB Group. JMMB will ensure that the necessary technical and organizational measures are in place to safeguard against any security breach before transferring any personal data. I/We consent to and instruct and authorize JMMB Group to make such disclosures and exchange and expressly waive any protection or right under data protection, confidentiality, or any other applicable law, to the extent necessary for such disclosures and exchange.
I/We certify that where I/we have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I/we will, within 30 days of signing this form, notify those persons that I/we have provided such information to JMMB and that such information may be provided to the tax authorities of the country/jurisdiction in which the account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the entity may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
I/We undertake to advise JMMB within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect (including any changes to the information on controlling persons identified in Part 4, and to provide to JMMB a suitably updated self-certification and Declaration within 30 days of such change in circumstances.
I/We declare that all statements made in this declaration are, to the best of my/our knowledge and belief, correct and complete.

Signature of individual authorized to sign for the Entity	**Print Name** JOSHUA SUTHERLAND	**Date: DD/MM/YYYY**
Signature of individual authorized to sign for the Entity	**Print Name** GARFIELD HERON	**Date: DD/MM/YYYY**
Capacity: *If signing under a power of attorney please also attach a certified copy of the Power of Attorney.* DIRECTORS		Place stamp/seal here

WELLEIGH VENTURES LIMITED SEAL

FOR INTERNAL USE ONLY

Subsidiary/Branch/Department:			**UCIN:**
Reportable:	☐ **US Person** ☐ **CRS Person** ☐ **US and CRS Person** ☐ **Local Resident**		
FOR BRANCH CBSS ONLY	**Receiving Agent:**	**Signature:**	**Date (dd/mm/yy)**
	Relationship Officer:		
FOR COMPLIANCE	**Input Officer:**	**Signature:**	**Date (dd/mm/yy)**
	Approving Officer:	**Signature:**	**Date (dd/mm/yy)**
	Scanning Officer:	**Signature:**	**Date (dd/mm/yy)**

Account Opening Form
Business

Form AOB-032023

Select one of the following:

■ Limited Liability Company ☐ Partnerships ☐ Unincorporated Associations (Clubs/Societies)

☐ Registered Associations ☐ Sole Traders ☐ Charities ☐ Statutory Bodies/Government ☐ other (please state) _____

This form is used for opening accounts with JMMB Bank within the territories of Jamaica (JA), Trinidad & Tobago (TT) and the Dominica Republic (DR).

ACCOUNT 1

ACCOUNT INFORMATION

Name of Account: MELLEIGH VENTURES LIMITED	**UCIN (For Official Use Only)**
Mailing Address (if different from registered address):	Client Number
State Account Type (Refer to Schedule attached for relevant products offered in each territory): SMART BUSINESS CORPORATE	**State Currency (Refer to Schedule attached for relevant currency in each territory):** JMD
Purpose of Account: OPERATING ACCOUNT	Source of Funding: PROCEEDS FROM OTHER INVESTMENTS
Expected Monthly Deposits: APPROX. US$8,300,000	Expected Monthly Withdrawals: APPROX. US$8,300,000

Please tick only ONE of the following for statement mailing instructions:
☐ Regular Mail ■ Email **(not available for current account clients with cheques)**

For Smart Business Accounts with cheques (Complete only if applicable)
Cheque Books Required (Available in JMD & TTD only): ☐ 200 ☐ 400 ☐ 600
Details on Cheque Leaves: ☐ Address ☐ Mailing Address ☐ No Address ☐ Tel. No. (kindly specify)

ELECTRONIC SERVICES

The completion of a Corporate Moneyline Form will be required in order to access JMMB online service, Moneyline.

Account Number (for Official Use Only):

ACCOUNT 2

ACCOUNT INFORMATION

Name of Account: MELLEIGH VENTURES LIMITED	**UCIN (For Official Use Only)**
Mailing Address (if different from registered address):	**Client Number**
State Account Type (Refer to Schedule attached for relevant products offered in each territory): SMART BUSINESS CORPORATE	**State Currency (Refer to Schedule attached for relevant currency in each territory):** USD
Purpose of Account: OPERATING ACCOUNT	Source of Funding: PROCEEDS FROM OTHER INVESTMENTS
Expected Monthly Deposits: APPROX. US$8,300,000 (US$100M PE	Expected Monthly Withdrawals: APPROX. US$8,300,000 (US$1C

Please tick only ONE of the following for statement mailing instructions:
☐ Regular Mail ■ Email **(not available for current account clients with cheques)**

For Smart Business Accounts with cheques (Complete only if applicable)
Cheque Books Required (Available in JMD & TTD only): ☐ 200 ☐ 400 ☐ 600
Details on Cheque Leaves: ☐ Address ☐ Mailing Address ☐ No Address ☐ Tel. No. (kindly specify)

ELECTRONIC SERVICE

The completion of a Corporate Moneyline Form will be required in order to access JMMB online service, Moneyline.

Account Number (for Official Use Only):

Account Opening Form
Business

Form AOB-032023

ACCOUNT INFORMATION

ACCOUNT 3

Name of Account:	**UCIN (For Official Use Only)**
Mailing Address (if different from registered address):	**Client Number**
State Account Type (Refer to Schedule attached for relevant products offered in each territory):	**State Currency (Refer to Schedule attached for relevant currency in each territory):**
Purpose of Account:	Source of Funding:
Expected Monthly Deposits:	Expected Monthly Withdrawals:

Please tick only ONE of the following for statement mailing instructions:

☐ Regular Mail ☐ Email (not available for current account clients with cheques)

For Smart Business Accounts with cheques (Complete only if applicable)

Cheque Books Required (Available in JMD & TTD only): ☐ 200 ☐ 400 ☐ 600

Details on Cheque Leaves: ☐ Address ☐ Mailing Address ☐ No Address ☐ Tel. No. (kindly specify)

ELECTRONIC SERVICES

The completion of a Corporate Moneyline Form will be required in order to access JMMB online service, Moneyline.

Account Number (for Official Use Only):

DECLARATION

We hereby request that JMMB Bank ('the Bank") open the account(s) specified above. We understand that the information provided herein is the basis for opening such account(s) and warrant that such information is accurate in all respects. In consideration of the Bank opening the said accounts, we agree to provide any documents and further information request by the bank on the opening of the account(s) or from time to time thereafter and to abide by the Bank's requirements and all laws and regulations concerning the said account(s). We confirm that the Terms and Conditions governing the operation of the account(s) hereby request to be opened, have been made available to us and we have read, understood and agree to be bound by such Terms and Conditions as amended from time. We agree to indemnify and hold the Bank and its subsidiaries harmless in respect of any loss we may suffer as a result of my/our failure to comply with the aforementioned Terms and Conditions. I/we further agree that the Bank shall be entitled to close my account forthwith if it deems the information provided herein to be insufficient or inaccurate, in the event of any breach of the aforementioned Terms and Conditions or any laws with respect to the said account(s) or for any other lawful reason whatsoever.

Name:	Job Title:	Signature	Date (dd/mm/yyyy)
JOSHUA SUTHERLAND	DIRECTOR		
Name:	Job Title:	Signature	Date (dd/mm/yyyy)
GARFIELD HERON	DIRECTOR		
Name:	Job Title:	Signature	Date (dd/mm/yyyy)
Name:	Job Title:	Signature	Date (dd/mm/yyyy)

Witnessed by: _____ Signature _____ Date (dd/mm/yyyy) _____

SPECIMEN SIGNATURES

Signing Authority: ☐ Any One to sign ☐ Any Two to sign ☐ Other (Specify) SOLE SIGNATORY - GARFIELD EARL HERC

Name of Account: MELLEIGH VENTURES LIMITED

Name of Signee: GARFIELD EARL HERON	SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX 
Job Title: DIRECTOR	
Signing Limitations: NONE - SOLE AUTHORISED SI	
Signer's Designation: ☐ A ☐ B	
Name of Signee:	SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX
Job Title:	
Signing Limitations:	
Signer's Designation: ☐ A ☐ B	
Name of Signee:	SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX
Job Title:	
Signing Limitations:	
Signer's Designation: ☐ A ☐ B	
Name of Signee:	SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX
Job Title:	
Signing Limitations:	
Signer's Designation: ☐ A ☐ B	

SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: ☐ A ☐ B

SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: ☐ A ☐ B

SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: ☐ A ☐ B

Documents will be examined to confirm or determine the persons authorized to sign on behalf of the company/entity.

FOR USE BY COMPANIES

Director's Signature

Director/Secretary's Signature

Date (dd/mm/yyyy): _____

FOR PARTNERSHIP/ASSOCIATIONS/CLUBS/ UNINCORPORTED ENTITIES

Authorised Signer

Authorised Signer

Date (dd/mm/yyyy): _____

For Official Use Only	Entered by:	Authorised by:	Date (dd/mm/yyyy):
	Scanned by:	Authorised by:	Date (dd/mm/yyyy):

SCHEDULE - JAMAICA

Below are the account types and currencies available.

Account Types	Currencies Available for all Account Types
• Smart Business SME • Smart Business Corporate • Certificate of Deposit • JMMB Advantage • Foreign currency A Account • Certificate of deposit	• JMD • USD • CAD • GBP • Euro

SCHEDULE – TRINIDAD & TOBAGO

Below are the account types and currencies available.

Account Types	Currencies Available
• Smart Business SME • Smart Business Corporate • Booster Savings • JMMB Advantage • Certificate of deposit	• TTD • USD

SCHEDULE – DOMINICAN REPUBLIC

Below are the account types and currencies available.

Account Types	Currencies Available
Bonus Savers Financial Certificate	• DOP