

		FOR INTERNAL USE ONLY	
SECTION A: ACCOUNT HOLDERS		Account Number:	
Names of all Account Holders - Primary Holder 1 st		Type of A/c Holder	Client's Mnemonic
1.		Primary	
2.			
3.			
4.			

SECTION B: SIGNING MANDATE	
<input type="checkbox"/> Primary Holder Only <input type="checkbox"/> Any Holder <input type="checkbox"/> All Holders <input type="checkbox"/> Any Two Holders <input type="checkbox"/> Other:	

SECTION C: INVESTMENT OBJECTIVES	
PURPOSE OF THE ACCOUNT	
<input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Wealth Appreciation <input type="checkbox"/> Retirement <input type="checkbox"/> Other:	

SECTION D: ACCOUNT AUTHORITY		
<input type="checkbox"/> Full Discretion (Client gives full authority to operate account without consultation)	<input type="checkbox"/> Partial Discretion (Client must be contacted before each new transaction)	<input type="checkbox"/> Custody (No discretion to trade, Assets are for safe-keeping and reporting only)

SECTION E: INVESTMENT INFORMATION	
INITIAL INVESTMENT	
Amount: \$ <input type="checkbox"/> JMD <input type="checkbox"/> USD	
Type of Deposits: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Wire transfer <input type="checkbox"/> A/c Transfer <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Other:	
Source of Funds:	

SECTION F: PORTFOLIO DIVISION		
PORTFOLIOS	CURRENCY	% AGE DIVISION
Fixed Income	<input type="checkbox"/> JMD <input type="checkbox"/> USD	
Equity	<input type="checkbox"/> JMD <input type="checkbox"/> USD	
Unit Trust	<input type="checkbox"/> JMD <input type="checkbox"/> USD	

SECTION G: PROJECTIONS AND ACCOUNT FUNDING

ACTIVITIES	CURRENCY	AMOUNT (\$)	FREQUENCY
Expected Deposits			
Expected Withdrawals			

SECTION H: SPECIAL INSTRUCTIONS

PLEASE SPECIFY ANY ADDITIONAL INSTRUCTIONS:

SECTION I: DECLARATION AND ACKNOWLEDGEMENT

I/We hereby certify that the information provided on this form is correct and complete. The account shall be governed by the Terms and Conditions set out in the Account Agreements and acknowledge receipt of same through electronic mail. The conditions outlined in the Account Agreement shall commence and is entered into on the day and by the parties referred to below.

NAME OF CLIENTS	CLIENT'S SIGNATURE	DATE (DD/MM/YYYY)
1.		
2.		
3.		
4.		

To be completed by a Justice of the Peace or Attorney at Law if this form &/or supporting documents are signed outside of the Victoria Mutual Wealth Management Limited (VMWM) OR VM Building Society (VMBS). A Notary Public must certify documents that are signed overseas.

I hereby certify that the signature appearing on this form and on the accompanying documents was affixed in my presence, by the named applicant.

Name of Witness _____

Signature of Witness _____

Date _____

Please place Stamp or
Seal in this Box

FOR INTERNAL USE ONLY

NAME	SIGNATURE	DATE
Entered by:		
Approved by:		
Sales Branch:		