

		FOR INTERNAL USE ONLY	
<b>SECTION A: ACCOUNT DETAILS</b>		Account Number:	
Names of Entity/ Company		Type of A/c Holder	Client's Mnemonic
1.		Primary	
2.			
3.			
4.			
5.			
6.			
7.			

**SECTION B: SIGNING MANDATE**

Primary Holder Only  
  Any Holder  
  All Holders  
  Any Two Holders  
  Other:

**SECTION C: INVESTMENT OBJECTIVES**

PURPOSE OF THE ACCOUNT

Income  
  Education  
  Wealth Appreciation  
  Retirement  
  Other:

**SECTION D: ACCOUNT AUTHORITY**

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

**INITIAL INVESTMENT**

Amount: \$  JMD  USD

Type of Deposits:  
 Cash  
 Cheque  
 Wire transfer  
 A/c Transfer  
 Internal  
 External  
 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:		