

Date _____

1. Customer information

NEW CLIENT **EXISTING CLIENT** (Fill out only applicable sections) **Customer Number** _____

2. Applicant

Last Name : _____ First Name: _____ Middle name: _____ Alias _____

Permanent Address (P.O Boxes Are Prohibited) _____ Years at Address _____ Mother's Maiden Name _____ Country of Residence _____

Previous Address _____ Country _____

Previous Addresses in the last 3 years (Cayman Mutual Fund Clients Only) _____ Country _____

Mailing Address If Different From Permanent Address (Include Postal Code If Applicable) _____ Country _____

Telephone Number _____ Cellular Number _____

E-Mail Address _____ Gender _____ Date of Birth (DD/MM/YY) _____

Country of Birth _____ Country(s) of Citizenship _____ Nationality (ies) _____

Country of Residence for Tax Purposes: _____ Country of Residency since what date _____ Tax Payer ID _____

Primary ID type and No. (Unexpired) _____ Primary ID country of issue _____ Primary ID Expiry Date _____

Secondary ID type and No. _____ Secondary ID country of issue _____ Secondary ID Expiry Date _____

_____ Name of Employer/Business _____ Nature of Business _____ Current Position/Occupation? _____

Self Employed?

No Yes

Employers Address _____ Telephone No. _____ Country _____ Years Employed _____
If less Than 1 year provide details of previous employer

Insider Information: Are you as an authorized person, or your spouse, a deemed insider of any public companies?

No Yes, enter company name(s) here: _____

Control Position: Are you as an authorized person, or your spouse, singularly or as part of a group in a control position of any public companies?

No Yes, enter company name(s) here: _____

Are you as an authorized person, or your spouse, a Director, Employee, Partner or Officer of a Member of any stock exchange or of the stock exchange itself?

No Yes, enter the company or exchange here: _____

PEP = POLITICALLY EXPOSED PERSONS: Are you or any of the account holders, or your (or their) immediate family members (parents, siblings, children- including step and/or adopted children, half-sister/brother, spouse/common-law partner and/or in-laws), a current or former senior official in the executive, legislative, administrative, military or judiciary branch of the local or a foreign government or the Leader of a local or a foreign political party represented in the legislature, an Ambassador or Attaché, or a member of a ruling royal families or a senior executive of an enterprise owned or controlled by the local or a foreign government or Head of an international organization established by government of states, or the Head of an institution of any such organization or do you maintain a close association with any such official, either for personal or business reasons?

No Yes, please provide details: _____

Reference Details (Where required by your Jurisdiction)

References (required for all accounts opened in Jamaica)

Name: _____	Name: _____
Address: _____	Address: _____
Telephone No: _____	How Long Known: _____
Telephone No: _____	How Long Known: _____
Occupation: _____	Occupation: _____
Comment: _____	Comment: _____

3. Applicant's Financial Information

Name of Primary Bank: _____ Branch Transit Location: _____ Account Number: _____

Scotiabank Personal Customer No Yes, only 1 primary piece of ID is required, provide Scotiabank location: _____

Your Annual Gross Income From All Sources
\$ _____

Estimated Net Worth

A. Net Liquid Assets (Cash and Securities less liabilities under 1 yr.)	B. Net Fixed Assets (Fixed Assets less liabilities due over 1 yr.)	= Total Net Assets (A + B)
\$ _____	\$ _____	\$ _____

How would you define your current knowledge of / experience with investments?

- Very Low
 Low
 Moderate
 High

4. Applicant's Investment Risk Tolerance for the Account(s) You wish to open with us *In this section, we are asking to identify your willingness and ability to assume risk*

How would you react if there was a change in the financial markets which resulted in a decline in the short term (i.e. within 1 year)?

- Very Low** – I would not be able to tolerate any losses in my portfolio
 Low – I would be able to tolerate minimal fluctuation, for example 5% - 10%
 Medium – I would be able to tolerate moderate fluctuation, for example 10% - 25%
 High – I would be able to tolerate extreme fluctuation, for example 25% and over

By signing below, you and your signing authorities certify to the bank:

- You request the services listed and confirm that the information recorded on this Application is true and complete. This includes your representations on the Investor Profiler, which you have also acknowledged as being accurate, and which forms part of this Personal Client Application.

- I certify that I am of legal age (ie. 18 years and over) by signing hereunder.

Applicant/Tenant's Name	Applicant/Tenant's Signature	Date
_____	X _____	_____

5. Comments section will be completed by your Advisor

Have you met the client face to face? No Yes How long have you known the client? _____

Referral by: SPCG Scotiabank Existing Client Personal Contact Other: _____

Other comments: _____

Original KYC information seen and copies certified in accordance with the Bank's standards for certification No Yes

Advisor Signature:	Advisor Name	Date
X _____	_____	_____
Approver Signature:	Approver Name:	Date
X _____	_____	_____