



1 ½ Oxford Road, Kingston 5, Jamaica
 Telephone: 929-1908/9
 Fax: 929-1501

Internet: www.mayberryinv.com
 Email: clientrelations@mayberryinv.com

Account Opening and Investment Policy Evaluation

1. CLIENT INFORMATION

PEP Person

US Person

Non - US Person

Title:		Last Name:		First Name:	
Address Information: Residential Address: Own <input type="checkbox"/> Rented <input type="checkbox"/> Years at Current Address: _____					
Residential Address:					
City:		State/Parish:		Zip Code:	
Country:		Nationality:		Country of Birth:	
Country(ies) of citizenship:					
Do you file a tax return outside of Jamaica No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please specify country(ies): _____					
Mailing Address (if different from residential):					
City:		State/Parish:		Zip Code:	
Country:			Email Address:		
Mobile Phone:		Home Phone:		Work Phone:	
Fax:					
<input type="checkbox"/> TRN: _____ Jamaica Taxpayer Registration Number		<input type="checkbox"/> TIN: _____ Taxpayer Identifying Number		Date of Birth:	
				DD	
				MM	
				YYYY	
ID Information: Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's/ National ID <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate (Minors Only)					
ID #:		ID Expiry Date:		DD	
				MM	
				YYYY	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			No. of Dependents:
PEP*: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please provide detail: _____					

2. EMPLOYMENT HISTORY

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired					
Occupation:			Type of Business/Industry:		
Name of Employer/Business:			Job title:		Tenure:
Employer/Business Address:					
City:		State/Parish:		Zip Code:	
Country:			Telephone:		
Email Address:			Website:		
Projected Monthly Cash Flow:			Projected Monthly Expenses:		
Salary Information: Average Gross Salary (Monthly): Currency: _____					
<input type="checkbox"/> 0 - 100,000 <input type="checkbox"/> 100,000 - 200,000 <input type="checkbox"/> 200,000 - 300,000 <input type="checkbox"/> 300,000 - 400,000 <input type="checkbox"/> 400,000 - 500,000 <input type="checkbox"/> over 500,000					
Do you have an alternate source(s) of income? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please detail all sources at item 11 below)			Average Amount:		
Estimated Expenses (Monthly): Currency: _____					
<input type="checkbox"/> 0 - 50,000 <input type="checkbox"/> 50,000 - 100,000 <input type="checkbox"/> 100,000 - 150,000 <input type="checkbox"/> 150,000 - 200,000 <input type="checkbox"/> 200,000 -250,000 <input type="checkbox"/> over 250,000					

3. SPOUSE INFORMATION

Name:		Is your Spouse self-employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Occupation:		Type of Business:	
Name of Spouse's Employer/Business:			
Spouse's Employer/Business Address:			
City:	State/Parish:	Zip Code:	
Country:		Spouse's Email Address:	
Home Phone:	Work Phone:	Mobile Phone:	

4. JOINT HOLDER INFORMATION

US Person		Non - US Person		US Person		Non-US Person			
FIRST JOINT HOLDER INFORMATION Minor <input type="checkbox"/> Yes <input type="checkbox"/> No				SECOND JOINT HOLDER INFORMATION Minor <input type="checkbox"/> Yes <input type="checkbox"/> No					
Full Name:				Full Name:					
Residential Address:				Residential Address:					
Mailing Address (if different from residential):				Mailing Address (if different from residential):					
Nationality:				Nationality:					
Country of Birth:				Country of Birth:					
<input type="checkbox"/> TRN: _____ Taxpayer Registration Number		<input type="checkbox"/> TIN: _____ Taxpayer Identifying Number		<input type="checkbox"/> TRN: _____ Taxpayer Registration Number		<input type="checkbox"/> TIN: _____ Taxpayer Identifying Number			
Mobile Phone:		Home Phone:		Mobile Phone:		Home Phone:			
Email Address:				Email Address:					
Date of Birth:		DD	MM	YYYY	Date of Birth:		DD	MM	YYYY
Do you file a tax return outside of Jamaica No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please specify country(ies): _____				Do you file a tax return outside of Jamaica No <input type="checkbox"/> Yes <input type="checkbox"/> If If yes, please specify country(ies): _____					
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Birth Certificate (Minors Only) <input type="checkbox"/> Passport <input type="checkbox"/> Voter's/ National ID				ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Birth Certificate (Minors Only) <input type="checkbox"/> Passport <input type="checkbox"/> Voter's/ National ID					
ID #:				ID #:					
ID Expiry Date:		DD	MM	YYYY	ID Expiry Date:		DD	MM	YYYY
Name of Employer/Business:				Name of Employer/Business:					
Employer/Business Address:				Employer/Business Address:					
Salary Information: Average Gross Salary (Monthly): Currency: _____ <input type="checkbox"/> 0 - 100,000 <input type="checkbox"/> 100,000 - 200,000 <input type="checkbox"/> 200,000 - 300,000 <input type="checkbox"/> 300,000 - 400,000 <input type="checkbox"/> 400,000 - 500,000 <input type="checkbox"/> over 500,000				Salary Information: Average Gross Salary (Monthly): Currency: _____ <input type="checkbox"/> 0 - 100,000 <input type="checkbox"/> 100,000 - 200,000 <input type="checkbox"/> 200,000 - 300,000 <input type="checkbox"/> 300,000 - 400,000 <input type="checkbox"/> 400,000 - 500,000 <input type="checkbox"/> over 500,000					
Telephone Number of Employer:				Telephone Number of Employer:					
Are you a Political Exposed Person (PEP*): <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please provide detail: _____				Are you a Political Exposed Person (PEP*): <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please provide detail: _____					

5. MAYBERRY CLIENT RELATIONSHIP

How did you learn about Mayberry Investments Ltd? <input type="checkbox"/> Sales Rep. <input type="checkbox"/> Investor Forum <input type="checkbox"/> Referral <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Print Media <input type="checkbox"/> Internet <input type="checkbox"/> Other:	
If referral, name of person:	Is the referral a Mayberry client: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you personally met with an account executive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Relationship: <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term
How do you prefer to be contacted? <input type="checkbox"/> E-mail <input type="checkbox"/> Post <input type="checkbox"/> Telephone	
Please provide contact information for two (2) references, e.g. Pastor, Justice of the Peace, Banker, Attorney at Law or Accountant.	
Name:	Occupation/Employer:
Email Address:	Contact Number:
Name:	Occupation/Employer:
Email Address:	Contact Number:

6. INVESTMENT OBJECTIVES

<p>Please identify which of the following investment objectives is most important to you:</p> <p><input type="checkbox"/> Capital Appreciation (<i>Maximize long term returns while accepting the likelihood of short term losses in my account. Recommended minimum investment period is over 4 years</i>)</p> <p><input type="checkbox"/> Capital Appreciation Plus Income (accept some market risk but cushion losses in market declines. Recommended minimum investment period is over 4 years)</p> <p><input type="checkbox"/> Current Income (generate current income while limiting losses to principal. Recommended minimum investment period is 3-5 years)</p> <p><input type="checkbox"/> Capital Preservation (Preserve capital while seeking growth at a rate equal to inflation)</p>
<p>Intended Use of Invested Funds: <input type="checkbox"/> Wealth Building <input type="checkbox"/> Future Capital Expenditure <input type="checkbox"/> Liability Funding <input type="checkbox"/> Dependents</p> <p><input type="checkbox"/> Education <input type="checkbox"/> Retirement <input type="checkbox"/> Current Income <input type="checkbox"/> Other (specify): _____</p>
<p>Which of these statements best describes you?</p> <p><input type="checkbox"/> I'm willing to accept short term fluctuations in my portfolio's value in exchange for a higher potential return over the long run.</p> <p><input type="checkbox"/> I would accept a lower rate of return than subject my portfolio to short term volatility even if my investment goal is years away.</p> <p><input type="checkbox"/> I am growth oriented, long term investor, willing to accept short term volatility in order to achieve the highest return.</p>
<p>Which of the following best describes your reaction if the value of your portfolio suddenly declined 15%?</p> <p><input type="checkbox"/> I would be very concerned because I cannot accept fluctuations in the value of my portfolio.</p> <p><input type="checkbox"/> If the amount of income I received was unaffected it would not bother me.</p> <p><input type="checkbox"/> I invest for long term growth and would be affected by even a temporary decline.</p> <p><input type="checkbox"/> I invest for long term growth and understand that there are changes due to market fluctuations.</p>
<p>How do you feel about the Jamaican Economy? <input type="checkbox"/> Pessimistic <input type="checkbox"/> Unsure <input type="checkbox"/> Cautiously Optimistic <input type="checkbox"/> Optimistic</p>
<p>How concerned are you about the value of the Jamaican dollar? <input type="checkbox"/> Very Concerned <input type="checkbox"/> Somewhat Concerned <input type="checkbox"/> Unconcerned</p>

7. INVESTMENT TIME HORIZON

<p>What is the shortest length of time that you are committed to investing these assets without liquidating a substantial portion?</p> <p><input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> More than 10 years</p>
<p>When will you need to start receiving income from your investments?</p> <p><input type="checkbox"/> Now <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> More than 10 years</p>

8. EXPERIENCE/INVESTMENT KNOWLEDGE

Please rank yourself on the following scale regarding your investment knowledge.

- I am an experienced knowledgeable investor, with the time and training to manage my own account.
- I am an experienced knowledgeable investor, without the time necessary to manage my account.
- I have a limited understanding of the financial markets and investments and need a financial advisor to get started.
- I have no clue about investments and would need a financial advisor to manage my investments.
- Do you actively follow the markets? Yes No Occasionally

9. RISK APPETITE

Please indicate your risk appetite:

- High/ Aggressive – I wish to invest in high risk investments, for potentially higher rewards.*
- Medium – I wish to invest in medium risk investments, which have an acceptable level of reward and value for money.*
- Low / Conservative – I wish to invest in low risk investments, for potentially limited rewards.*

*I understand that in making any investment, there is a risk that I could lose all, or a substantial amount, of my investment.

10. INSIDER INFORMATION

Are you a senior officer or director of a company whose shares are traded on the Jamaica Stock Exchange? Yes No

If yes, please state which company:

Do you hold or control such a company, whether as an individual or part of a group? Yes No

If yes, please state which company:

11. SOURCE OF FUNDS

Sources of income (please specify):

What is the source of initial deposit? Salary Gift Inheritance Other (please specify): _____

Is your initial deposit derived from income generated in the United States of America? Yes No

If salary, please state	Name of Employer/s:	Date Employed:		
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If gift, please state	Name of Giver:	Relationship:		
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If inheritance, please state	Name of Estate:	When:	DD	MM	YYYY
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Initial Deposit:	Currency:	Amount:	Deposit Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Securities
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Will contributions be made to initial investment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Amount:
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Frequency:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
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Expected Monthly Activity: Average Gross Withdrawal (Monthly): Currency: _____

0 - 50,000 50,000 - 100,000 100,000 - 150,000 150,000 - 200,000 200,000 -250,000 over 250,000

Average Gross Deposit (Monthly):

0 - 50,000 50,000 - 100,000 100,000 - 150,000 150,000 - 200,000 200,000 -250,000 over 250,000

12. INVESTMENTS/ BANKING INFORMATION

Do you have any additional investments? Yes No

Description:

Do you have any life insurance? Yes No

Description:

Name of Banking Institution: _____ Branch: _____ Bank Account Number: _____
Swift/ABA Code: _____ Currency: _____

13. INVESTMENT MANAGEMENT/ SERVICES

Type of Investment: Fixed Income CAMBIO Equity IRA GOLD PLATINUM Other:

a. Do you want your account to be managed by Mayberry? Yes No

b. If yes to question a., you may choose full or partial account management as explained below. Please indicate your preference:

Full Discretionary Account Management by Mayberry (I grant Mayberry full authority and discretion for the purposes of management of my accounts, securities and any other assets held at Mayberry. This includes permission for Mayberry to buy and sell securities and other assets as they see fit, without the requirement to consult or seek authorization from me, given my investment objectives as stated above).

Partial Discretionary Account Management by Mayberry (I grant Mayberry partial authority and discretion for the purposes of management of my accounts, securities and any other assets held at Mayberry. This includes permission for Mayberry to buy and sell securities and other assets; however I must be called with a recommendation, given my investment objectives as stated above, before execution of any trade or transaction).

c. If no to question a., you may choose any of the following services as explained below. Please indicate your preference:

Advisory Services (I would like Mayberry to provide me with advisory services with respect to my securities and other assets held in my Portfolio at Mayberry, for my consideration and instruction); and/or

Custodial/ Execution only brokering Services (Mayberry is not permitted to (i) manage my accounts and/or investments (ii) provide advisory services to me. Mayberry has no discretion to conduct transactions on my behalf and may only execute transactions and act as broker on my behalf, where it has received my clear instruction and direction to do so. If I do not provide any such instructions and directions, my assets shall be held by Mayberry for safe keeping and reporting purposes only)

d. Are there any limits/ restrictions on your investment activity?

I/we do not wish to trade in the following investments, type of investments, or geographic areas:

14. CLIENT CONSTRAINTS

Are there any special Tax considerations for your portfolio? Yes No

Are there any special restrictions on your portfolio (example: No tobacco stocks)? Yes No

Are there any special Legal considerations? Yes No

If you have answered yes to any of the above questions, please provide details below:

*PEP – **Political Exposed Person** are individuals in foreign jurisdictions and locally who are or have been entrusted with prominent public functions, including head of states or government, senior politicians, senior executives of publicly owned corporations, prominent political officials and immediate family (parents, siblings, spouse, children, in-laws) as well as close associates i.e. persons known to maintain unusually close relationship with PEPs.

15. SIGNATURES DISCLAIMER

1. I/We the undersigned, hereby request Mayberry Investments Ltd., Jamaica, a company duly incorporated under the laws of Jamaica (hereinafter referred to as "the Company") to open account(s) from time to time in my/our name(s) with respect to instruments issued to me/us by and/or investments held by me/us through the Company, and all accruals, payments and transactions relating thereto.

2. I/We understand and accept that a right of survivorship applies to joint accounts. It has the effect that on the death of one of the joint account holders, his or her entire rights and interest in the account accrues automatically to the other joint account holder(s), and will not form part of the deceased joint account holder's estate.

3. I undertake to inform Mayberry Investments Limited immediately of any changes in the information given in this Form.

Account Executive: Date:

Principal Holder: Date:

First Joint Holder: Date:

Second Joint Holder: Date:

16. FOR INTERNAL USE BY MAYBERRY ONLY

Account Number:	JCSD Number:
Checked by: Date:	
Approved by: Date:	
Verified by: Date:	

Revised June 2016