

All customers must complete Sections A, B, C, and E (on pages 1, 2 and 4)

Client Information Section A

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:		
Full Name			
Aliases			
Permanent Address ⁱ			
Contact (telephone)	(h):	(w):	(c):
Contact (other)	Fax:	Email:	
Date of Birth	Year:	Month:	Day:
Barbados Residency Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		
Nationality (list all which apply):			
Social Security Number or Individual Tax Identification number ⁱⁱ			
Occupation	Name of Employer		
Address of Employer			
Principal Bankers			Branch
Enclosed Proof of Address ⁱⁱⁱ	<input type="checkbox"/> Recent Utility Bill <input type="checkbox"/> Bank or Credit Card Statement <input type="checkbox"/> Other:		
Enclosed Identification Copies (any 2 of the following) ^{iv}	<input type="checkbox"/> National ID Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport		
Kindly enter the identification numbers for the ID's you have supplied	National ID #		
	Driver's License #		
	Passport #		

Account Holder's Regulatory Details Section B

1. Are you a related party of Signia Financial Group Inc.? ^v	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please specify below:
2. Are you a "Politically Exposed Person" (PEP)? ^{vi}	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please specify below:
3. Source of Initial Funds ^{vii}		
4. Source of Wealth ^{viii}		
5. Expected Activity Level ^{ix}		
6. Expected Transaction Frequency ^x	<input type="checkbox"/> One off <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	

ⁱ Temporary or in-care of addresses are not acceptable.

ⁱⁱ US Citizens/Residents ONLY. An Individual Taxpayer Identification Number is a tax processing number only available for certain nonresident and resident aliens, their spouses, and dependents who cannot get a Social Security Number (SSN). It is a 9-digit number, beginning with the number "9", formatted like an SSN (NNN-NN-NNNN).

ⁱⁱⁱ All documents used as proof of address; namely bank/credit card statements or utility bills should be no more than 3 months old.

^{iv} Originals of IDs and proof of address should be seen by a Signia representative. If this is not possible the documents must be certified by a reputable bank, consular officials of the country of the individual.

^v **Related Party** - An individual who is, or have relative or close associates who are employed by Signia Financial Group Inc., Cave Shepherd and Company Limited, GraceKennedy or any related company in a senior or in a senior officer capacity.

^{vi} **PEP** - An individual, an immediate family member (i.e. parent, spouse, child or sibling) or a close friend of an individual; who performs important public functions for government or a quasi-government agency. (For example, a political figure, permanent secretary senior official in government or quasi-government agency, chair of a statutory board etc.).

^{vii} Where is your money coming from to establish the account?

^{viii} Where is your money coming from to continue the account?

^{ix} For deposits multiply the monthly loan amount by 12. For deposits and investments estimate how much is the total amount you plan to invest in a calendar year. For FX how much money do you expect to wire in a calendar year.

^x Transactions vary by department: Each payment made represents a transaction for loans; for deposits it is each time an additional deposit is made; for FX it is per wire and for trading for each purchase or sale order.

All customers must complete Section C (checkboxes on this page)

Instructions: Authority and Indemnity Section C

Tick All That Apply: VERBAL FAX EMAIL NO INDEMNITY REQUIRED

To: Signia Financial Group Inc.

It would be convenient and in my/our interest if I/we could at any time and from time to time send verbal instructions/facsimile transmissions/instructions by means of electronic mail to Signia Financial Group Inc. in relation to any and all my/our existing accounts, facilities and other agreements with Signia Financial Group Inc. ("SFG") and any accounts, facilities and other arrangements which I/we may now or in the future have with SFG.

In consideration of SFG agreeing to accept verbal instructions/facsimile transmissions/instructions by means of electronic mail from me/us as aforesaid, I/we agree:

1. That SFG may act on any verbal instructions/facsimile transmissions/instructions by means of electronic mail given by me/us from time to time, and I/me voluntarily and with full knowledge take and assume any and all risks associated therewith;
2. That once verbal instructions/ facsimile transmissions/instructions by means of electronic mail have been given to SFG purportedly by the person (or by any of the persons, if more than one) specified below, SFG shall have no obligation to check or verify the authenticity or accuracy of such verbal instructions/ facsimile transmissions/instructions by means of electronic mail purporting to have been sent by me/us and may act thereon as if same had been duly given by me/us;
3. That in acting on verbal instructions/ facsimile transmissions/instructions by means of electronic mail SFG shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such verbal instructions/ facsimile transmissions/instructions by means of electronic mail may have been initiated, sent or otherwise communicated in error or fraudulently, and I/we shall be bound by any verbal instructions/facsimile transmissions/instructions by means of electronic mail on which SFG may act if SFG has in good faith acted in the belief that such verbal instructions/ facsimile transmissions/ instructions by means of electronic mail were given by me/us;
4. That SFG may, in its absolute discretion, decline to act or in accordance with the whole or any part of a verbal instruction/ facsimile transmission/instruction by means of electronic mail pending further enquiry to or further confirmation (whether written or otherwise) by me/us, so however that SFG shall not be under any obligation to so decline in any case, and SFG shall in no event or circumstance be liable in any respect for not so declining; and
5. To release SFG from and indemnify SFG against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, SFG having acted in accordance with the whole or any part of any verbal instruction/ facsimile transmissions/instructions by means of electronic mail or having exercised (or failed to exercise) the discretion upon SFG in Clause 4 above.

For email indemnity please list all authorized email addresses below:

Name: _____ Email: _____

Name: _____ Email: _____

Please note that correspondence originating only from the above email addresses will be acknowledged.

Dated this day of 20.....

Name of Authorized Person(s).....

Signature of Authorized Person(s).....

Payment Details Section D

Signia offers three convenient methods of receiving payments. Kindly select your preferred method below:

- Cheque to be collected from the office
 Cheque sent via post
 Direct Deposit to bank account

For Direct Deposit, please provide your banking details below:

Local Banking Instructions

Name(s) on Account			
Name of Bank or Credit Union			
Branch			
Type of account			
Account Number			

Overseas Banking Instructions

Name(s) on Account			
Bank Name			
Bank Address			
Account Number			
Swift Code		ABA No.	

Intermediary (Optional)

Intermediary Bank			
Intermediary Address			
Account Number			
Swift Code		ABA No.	

Signature			
Date (YYY/MM/DD)			

FOR OFFICIAL USE ONLY

Entered by:

Name (please print)			
Signature		Date	

Approved and Verified by:

Name (please print)			
Signature		Date	

All customers must complete and sign Section E (below)

Client Confirmation and Signature Section E

I confirm that the information in this Application is true, complete and accurate.

I confirm that all transactions to the above described account are and will be beneficially owned by the account-holders.

I agree to inform Signia Financial Group Inc. of any changes that could affect the operation of the Account, including changes to the full and correct name, nationality, immigration or residency status of the account holders

I confirm that Signia Financial Group Inc. may obtain independent verification of information provided in the application.

I certify that I

Please print name _____

am/am not a citizen of the USA or resident for tax purposes.

Client Signature		Date	
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Representative's Signature	
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FOR OFFICIAL USE ONLY			
Signia Representative's Name <i>(please print)</i>			
Signia Representative's Signature			
Risk Assessment:	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low <input type="checkbox"/> PEP
Compliance Officer		Date	
CEO		Date	
Customer #		Date entered	
Entered by			