



Put more power into your investment dollars

Ideal Finance Corporation
Limited

Client Application Form



Ideal Finance Corporation Limited

17 Ripon Road, Kingston 5, Jamaica W.I.
Telephone: (876) 960-6390-4 Fax (876) 960-6816

CLIENT APPLICATION FORM

ACCOUNT TYPE: Individual Joint Company Trust DATE: _____

PRINCIPAL : _____ TRN/ ID NO: _____ DATE OF BIRTH: _____

JOINT1: _____ TRN/ ID NO: _____ DATE OF BIRTH: _____

JOINT2: _____ TRN/ ID NO: _____ DATE OF BIRTH: _____

ADDRESS:

PRINCIPAL : _____ TEL: _____ CELL: _____

JOINT1: _____ TEL: _____ CELL: _____

JOINT2: _____ TEL: _____ CELL: _____

EMAIL ADDRESS:

PRINCIPAL : _____

JOINT1: _____

JOINT2: _____

MAILING ADDRESS (If different from above):

PRINCIPAL : _____

JOINT1 : _____

JOINT2 : _____

EMPLOYER	ADDRESS	TEL	FAX
PRINCIPAL :			
JOINT1:			
JOINT1:			

OCCUPATION	GENDER	MARITAL STATUS	NO OF DEPENDENTS
PRINCIPAL :			
JOINT1:			
JOINT1:			

REFEREE (Name/Address):

PRINCIPAL : _____ TEL: _____ FAX: _____

JOINT1: _____ TEL: _____ FAX: _____

JOINT2: _____ TEL: _____ FAX: _____

Are you related to or connected to any member of staff of Ideal Finance Cooperation Limited?

Yes No If Yes, Name: _____

FINANCIAL DATA (Optional – Personal Financial Planning)

- J\$100,000 – J\$499,999
- J\$500,000 – J\$799,999
- J\$800,000 – J\$999,999
- Over J\$1,000,000
- Over J\$1,000,000

MAIN BANK: _____

BRANCH: _____

OTHER: _____

TAX STATUS: _____

NET WORTH J\$: _____

Source of Funds _____

RISK TOLERANCE:

AGGRESSIVE	MODERATE	CONSERVATIVE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERRAL:	NAME: _____
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LEVEL OF AUTHORITY GIVEN BY CLIENT TO MANAGE PORTFOLIO

Please indicate by ticking the appropriate box

- FULL DISCRETION - Client grants full authority without consultation.
- PARTIAL DISCRETION - Client must be contacted before execution of any trade or transaction.
- CUSTODY - No discretion to trade. Assets are for safekeeping and reporting only

Client Signature

DATE: _____

Client Signature

DATE: _____

Client Signature

DATE: _____

Witnessed By/Authorized Officer of IFC

DATE: _____

FOR INDIVIDUAL ACCOUNTS ONLY

Principal (Print Name)

Signature

Date

FOR JOINT ACCOUNTS ONLY

Person(s) authorized to issue instructions for account: ALL PRINCIPAL ONLY ANY ONE ANY TWO

Principal(Print Name)

Signature

Date

Joint Account Holder

Signature

Date

Joint Account Holder

Signature

Date

I HEREBY CERTIFY TO **Ideal Finance Corporation Limited** that the above signatures and signing authorities are authentic and that the person(s) indicated above are authorized to give instructions for the operation of the account.

FOR COMPANY ACCOUNTS ONLY

The Company Officers' names in the spaces below are authorized to act on behalf of the Company with respect to opening an account, to execute on behalf of the Company any and all relevant documents, and to deal with **Ideal Finance Corporation Limited** in connection with all aspects of said account singly or jointly with no limits as to the amount (hereinafter called "Authorized Person"). **(AT LEAST TWO TO BE DESIGNATED)**

Name and Title of Officer

Signature of Officer

Name and Title of Officer

Signature of Officer

Name and Title of Officer

Signature of Officer

Name and Title of Officer

Signature of Officer

I HEREBY CERTIFY THAT **Ideal Finance Corporation Limited** is authorized to deal with each Authorized Person, to accept all orders for purchases and sales and all instructions given verbally or in writing by him or her on behalf of the Company without further inquiry as to his or her authority; to receive any funds, securities or other property for the account of the Company; to honour our written instructions from each authorized person to deliver either in bearer form, in street certificates, in any names or in any other manner any funds, securities or other property held for the account of the Company.

Director

Witnessed by

Date

Company Secretary

Witnessed by

Date

SEAL

Kindly attach a certified copy of Articles & Memorandum of Association and Certificate of Incorporation

IDEAL FINANCE CORPORATION LIMITED (Company Use Only)

Account No: _____ A/C Opened by: _____ Date Opened: _____

Date: _____

Witnessed by/Authorized Officer of IFC

IDEAL FINANCE CORPORATION LIMITED

17 Ripon Road, Kingston 5, Jamaica W.I.
Telephone: (876) 960-6390-4 Fax (876) 960-6816

SIGNATURE CARD

CLIENT NAME(S): _____ A/C NO: _____

ACCOUNT TYPE: Individual Joint Company Trust DATE: _____

CLIENT NAME	TITLE	SIGNATURES

FOR JOINT ACCOUNTS ONLY

The signatures on this card, each of whom is of legal age and otherwise competent to contract hereby give **IDEAL FINANCE CORPORATION LIMITED** the mandate below for withdrawals, powers of attorney and stop payment instructions. You are authorized to offset the balance, without notice, against the indebtedness of any of us to act under agreement until receipt by you of written notice of termination or death of any other signed by us, and thereafter you may require the receipt of acquittance of all of us or our survivors or legal representatives, to dispose of the balance upon the death of any of us the property of the survivors, and to send all statements, notices and vouchers to the furnishes of the bank.

Signing Authority:

ALL MAIN A/C HOLDER ONLY MAIN A/C HOLDER ONLY & ANY ONE ANY ONE ANY TWO

I hereby certify to **IDEAL FINANCE CORPORATION LIMITED** that the above signatures and signing authorities are authentic.

Main A/C Holder

Signature

Date

FOR COMPANY ACCOUNTS ONLY

I hereby certify to **IDEAL FINANCE CORPORATION LIMITED** that the above signatures on this card are authentic. The Company Officers' names in the spaces above are authorized to act on behalf of the Company with respect to opening an account, to execute on behalf of the Company any and all relevant documents, and to deal with Ideal Finance Corporation Limited in connection with all aspects of said account singly or jointly with no limits as to the amount (hereinafter called "Authorized Person").

I hereby certify that **IDEAL FINANCE CORPORATION LIMITED** is authorized to deal with each Authorized Person, to accept all orders for purchases and sales and all instructions given verbally or in writing by him or her on behalf of the Company without further inquiry as to his or her authority; to receive any funds, securities or other property for the account of the Company; to honour our written instructions from each authorized person to deliver either in bearer form, in street certificates, in any names or in any other manner any funds, securities or other property held for the account of the Company.

Signing Authority:

ALL ANY ONE ANY TWO

Director

Witnessed by

Date

Company Secretary

Witnessed by

Date

SEAL

Kindly attach a certified copy of Articles & Memorandum of Association and Certificate of Incorporation

DATE: _____

Witnessed By/Authorized Officer of IFC



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INVESTMENT INSTRUMENT MANDATE

CLIENT NAME(S): _____ A/C NO: _____

ACCOUNT TYPE: Individual Joint Company Trust DATE: _____

INSTRUMENT NAME: _____ INVESTMENT SUM: _____

TERM: _____ ISSUE DATE: _____ MATURITY DATE: _____

INTEREST RATE: _____ p.a. PAYABLE _____

JA\$		US\$	
Government Security (T-Bill/LRS/Debenture)	<input type="checkbox"/>	Government Security (T-Bill/LRS/Debenture)	<input type="checkbox"/>
Repurchase Agreement	<input type="checkbox"/>	Repurchase Agreement	<input type="checkbox"/>
Bond	<input type="checkbox"/>	Bond	<input type="checkbox"/>
Exempt Distribution	<input type="checkbox"/>	Exempt Distribution	<input type="checkbox"/>
Other Fund	<input type="checkbox"/>	Other Fund	<input type="checkbox"/>

PAYMENT INSTRUCTIONS: Interest Paid Roll Over Full Payment at Maturity

I HEREBY AUTHORIZE **IDEAL FINANCE CORPORATION LIMITED** to invest the above sum specified in the investment instrument selected.

Client Signature

DATE: _____

Client Signature

DATE: _____

Witnessed By/Authorized Officer of IFC

DATE: _____