

INDIVIDUAL APPLICATION FORM

CLIENT INFORMATION

Section A

Title Mr. Mrs. Ms. Dr. Other: Aliases

Name FIRST MIDDLE LAST

Address / LINE 1 LINE 2

PARISH COUNTRY POSTAL CODE

Contact (telephone) (h): (w): (c):

Contact (other) Fax: E-mail:

Date of Birth: (YYYY/MM/DD)

Barbados Residency Status Resident Non-Resident

Nationality (list all which apply):

Occupation Name of Employer

Address of Employer

Principal Bankers Branch

Customer Identification ⁱⁱ Any two [2] of the following: National ID Driver's License Passport

National ID National ID# Expiration Date ID Enclosed? Yes No

Driver's License Driver's License# Expiration Date ID Enclosed? Yes No

Passport Passport# Expiration Date ID Enclosed? Yes No

Proof of Address from last three (3) months. Any one of the following: Bank/Credit Union Statement Credit Card Statement Official Government Tax Assessment Rental Agreement & Utility Bill Exception Letter ⁱⁱⁱ

Date of Proof of Address (YYYY/MM/DD) Proof of Address Attached? Yes No

ACCOUNT HOLDER'S REGULATORY DETAILS

Section B

Are you a related party of SigniaGlobe Financial Group Inc.? ^{iv} Yes No

If "Yes" please state:

Are you a "Politically Exposed Person" (PEP)? ^v Yes No

If "Yes" please state:

Source of Initial Funds ^{vi}

Source of Wealth ^{vii}

Expected Activity Level ^{viii}

Expected Transaction Frequency ^{ix} One off Monthly Quarterly Annually

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

ⁱⁱ A SigniaGlobe representative should certify the copies of IDs and proof of address. If this is not possible, for locals the documents must be certified by a Justice of the Peace, Attorney-At-Law with a valid practicing certificate, or Accountant who is a member of a national professional association. For overseas individuals, a notary public is required.

ⁱⁱⁱ If none of the other proof of address options is available in an applicant's name, proof of address for another person living in the same house may be accepted. That person should write SigniaGlobe Financial Group Inc. confirming that the applicant resides with them, the relationship, and provide a certified copy of their ID as support.

^{iv} **Related Party** - An individual who is, or has, relatives or close associates employed in a senior capacity by SigniaGlobe Financial Group Inc., Cave Shepherd and Company Limited, GraceKennedy Limited, or any related company.

^v **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.).

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

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

^{viii} For loans, multiply the monthly loan amount by 12. For deposits and brokerage, estimate the total amount you plan to invest in a calendar year. For FX, the amount of money you expect to wire in a calendar year.

^{ix} 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 brokerage, for each purchase or sale order.

APPLICATION FORM

All customers must complete Section C (check boxes on this page)

INSTRUCTIONS: Authority and Indemnity Section C

Tick all that apply: VERBAL FAX EMAIL NO INDEMNITY REQUIRED

To: SigniaGlobe 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 SigniaGlobe Financial Group Inc. in relation to any and all my/our existing accounts, facilities and other agreements with SigniaGlobe Financial Group Inc. ("SGFG") and any accounts, facilities and other arrangements which I/we may now or in the future have with SGFG.

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

1. That SGFG 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 SGFG purportedly by the person (or by any of the persons, if more than one) specified below, SGFG 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 SGFG 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 SGFG may act if SGFG 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 SGFG 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 SGFG shall not be under any obligation to so decline in any case, and SGFG shall in no event or circumstance be liable in any respect for not so declining; and
5. To release SGFG from and indemnity SGFG against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, SGFG 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 SGFG in Clause 4 above.

For email indemnity please list all authorised email addresses below:

Name: Email:

Name: Email:

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

Dated (YYYY/MM/DD)

Name of Authorised Person(s)

Signature of Authorised Person(s)



APPLICATION FORM

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 SigniaGlobe 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 SigniaGlobe Financial Group Inc. may obtain independent verification of information provided in the Application.

All personal data acquired by SigniaGlobe Financial Group Inc. from _____ shall only be used for the purposes of this Agreement and shall not be further processed or disclosed without the consent of _____.

Client Signature: Date: (YYYY/MM/DD)

Representative's Signature:

FOR OFFICIAL USE ONLY	
SigniaGlobe's Representative's Name <i>(please print)</i>	
SigniaGlobe's 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	