

Registration

- Individual
 JTWRS
 Unincorporated
 Corporation
 Trust
 Partnership
 JTIC
 Investment Club
 Non-profit/Charity
 Other: _____

How should the account be titled?

Account#:

Service Level:
 MPS
 BGP
 FT
 AA

Strategic Tools:
 Wealthbuilder
 Nominee

Tell us about yourself...

Full Name _____

Street Address _____ City, Parish, Postal Code and Country

Mailing Address (if different from above) _____ City, Parish, Postal Code and Country

Home Number _____ Cell Number _____ Place and Date of Birth _____ City, Parish, Country DD/MM/YYYY

Nationality _____ Passport Number _____

Occupation _____ Employer's Name _____

Business Number _____ Ext. _____

Type of Business _____ Years Employed _____ Business Fax _____ E-mail Address _____

Annual Income
 \$0 - \$49,000
 \$50,000 - \$99,999
 \$100,000+

Bank and Bank Address _____

Do you or the joint owner holding any other brokerage accounts?
 Yes
 No
 If YES, with what firm? _____

Are you or anyone with an interest in this account either: **(1)** a senior military, government, or political official in any country, or **(2)** closely associated with an immediate family member of such official?
 Yes
 No

If YES please provide details of who, office held, and country. _____

Other joint account owner?

Full Name _____

Street Address _____ City, Parish, Postal Code and Country

Mailing Address (if different from above) _____ City, Parish, Postal Code and Country

Home Number _____ Cell Number _____ Place and Date of Birth _____ City, Parish, Country DD/MM/YYYY

Nationality _____ Passport Number _____

Occupation _____ Employer's Name _____

Business Number _____ Ext. _____

Type of Business _____ Years Employed _____ Business Fax _____ E-mail Address _____

Annual Income
 \$0 - \$49,000
 \$50,000 - \$99,999
 \$100,000+

Are you or anyone with an interest in this account either: **(1)** a senior military, government, or political official in any country, or **(2)** closely associated with an immediate family member of such official?
 Yes
 No

If YES please provide details of who, office held, and country. _____

How did you learn about BIAS? Print Advertising Radio/TV Local Referral
 Website/internet Client Referral Overseas Referral Other: _____

Years of Investment Experience _____ Base currency requested for valuations _____

Investment Objectives Capital Preservation Long Term Growth Income Short Term Trading Balanced

Risk Exposure No Risk Very Low Risk Conservative Moderate Aggressive

Purpose of the account: _____

Estimated turnover expected of the account: _____

Estimated portfolio size: _____

Source of funds:

Account Controller: _____

Beneficial Owners: _____

By signing this application form, client acknowledges receipt of a copy of our Terms of Business and acceptance thereof.

The information given above is true to the best of my knowledge and belief. I am not involved in any form of criminal activity, money laundering or terrorist financing, and I understand that should BIAS be presented with evidence, or suspicion, of criminal activity, information will be provided to law enforcement authorities.

Please review your information and sign and date below.

 Client's Signature Date(mm/dd/yyyy)

 Client's Signature Date(mm/dd/yyyy)

FOR BIAS USE ONLY

BIAS Account # _____

AE # _____

Custodian Name: _____

Custodian ACC # _____

Salutation _____

APPROVALS

A/E Signature _____

Dated _____
 (mm/dd/yyyy)

Compliance _____

Dated _____
 (mm/dd/yyyy)

AML/ATF Rating _____