

SECTION 1: ACCOUNT-HOLDER IDENTIFICATION

Name _____

Date of Birth (dd/mm/yyyy) _____ Country of Birth _____

Permanent Residence Address:

Number & Street _____ City/Town _____

State/Province/Country _____ Post Code _____ Country _____

Mailing Address (if different from above):

Number & Street _____ City/Town _____

State/Province/Country _____ Post Code _____ Country _____

SECTION 2: DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

Please tick either (a) or (b) or (c) and complete as appropriate.

- (a) I confirm that I am a Specified U.S. Person and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows: _____
- (b) I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.
- (c) I confirm that I am not a Specified U.S. Person.

Complete section 3 if you have non-U.S. tax residencies.

SECTION 3: DECLARATION OF TAX RESIDENCY (OTHER THAN U.S.)

I hereby confirm that I am, for tax purposes, a resident in the following countries (indicate the tax reference number type and number applicable in each country).

| Country of tax residency | Tax reference number type | Tax reference number |
|--------------------------|---------------------------|----------------------|
| | | |
| | | |
| | | |

SECTION 4: DECLARATION, UNDERTAKING AND CONSENT

- I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.
- I undertake to advise NCB[®] promptly and provide an updated Self-Certification of Residency form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.
- I hereby consent to NCB sharing (whether directly or indirectly) with tax authorities or such other party the information contained in this form and/or a copy of this form, information pertaining to my accounts within the Group, and to disclose any additional documentation or information that is in the possession of NCB and is relevant to my claiming any benefits on the basis of this certification.

Signature _____ Date (dd/mm/yyyy) _____

Print Name of Signatory _____ Capacity in which signatory is acting (if form is not signed by beneficial owner) _____

BANK USE ONLY

SECTION 5: STAFF MEMBER CERTIFICATION

Following my assessment of the AML/KYC information and documentation provided by the above-mentioned customer, I confirm that the self-certification provided seems:

- Reasonable
- Unreasonable and the Account Holder requested to provide a revised Self-Certification of Residency form.

Signature _____ Date (dd/mm/yyyy) _____

Print Name of Signatory _____



Sign up for
MEGA-SIZED
REWARDS





Your **MegaMart MegaBonus Rewards Card** Powered by NCB is the new MegaMart rewards card!

SHOP. EARN REWARDS. REPEAT.

Shop at MegaMart and **earn up to 3 points for every \$100 spent on select products** and your cash back will be applied to your MegaMart MegaBonus Rewards Card!

MEGAMART MEGABONUS REWARDS CARD

Powered by NCB

APPLICATION FORM



| | | | |
|--|------------|---|-----|
| Surname: | | First Name: | |
| Middle Name: | | Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> | |
| Address: | | | |
| | | | |
| D.O.B: | | Gender: | |
| Telephone #: (C) | | (H) | (W) |
| Mother's Maiden Name: | | | |
| TRN: | | Occupation: | |
| I.D. Type: | ID Number: | Expiry date: | |
| E-Mail Address: | | | |
| NCB Account Number (s): | | | |
| MegaMart Membership#: | | | |
| Pick Up Location: <input type="checkbox"/> Waterloo <input type="checkbox"/> Portmore <input type="checkbox"/> Mandeville <input type="checkbox"/> Montego Bay | | | |

ADDITIONAL CARD

PLEASE ISSUE AN ADDITIONAL CARD ON MY MEGAMART MEGABONUS REWARDS CARD ACCOUNT (PLEASE ENCLOSE A COPY OF VALID PICTURE ID AND TRN) MR. MRS. MISS

| | | |
|----------------------|--|---|
| Last Name | First Name | Initial |
| Home Address | | |
| | | |
| Town | Parish | |
| DATE OF BIRTH | MONTH DAY YEAR | NATIONALITY |
| ID NUMBER | ID TYPE (PASSPORT, NATIONAL ID, DRIVERS LICENSE) | |
| TYPE OF RELATIONSHIP | <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON <input type="checkbox"/> PARENT <input type="checkbox"/> DAUGHTER | <input type="checkbox"/> OTHER PLEASE SPECIFY |
| EMAIL ADDRESS | | |
| TELEPHONE# | TRN: | |
| OCCUPATION | | |

REFERENCES (ONLY FOR NON-NCB CUSTOMERS APPLYING FOR THE MEGABONUS REWARDS CARD)

| Surname | First Name | Telephone # |
|---------|------------|-------------|
| | | |
| | | |

I AGREE TO BE BOUND BY THE TERMS OF THE MEGAMART MEGABONUS REWARDS CARD (POWERED BY NCB PREPAID KEYCARD) CARDHOLDER AGREEMENT AS APPLICABLE FROM TIME TO TIME AND UNDERSTAND THAT, IF I DO NOT WANT TO BE BOUND BY THE CARDHOLDER AGREEMENT, THE MEGAMART MEGABONUS REWARDS CARD ("CARD") ISSUED TO ME MUST BE RETURNED TO MEGAMART OR NCB PRIOR TO USE. I HEREBY AGREE TO MEGAMART'S MEMBERSHIP TERMS. I ACKNOWLEDGE THAT NCB MAY CANCEL OR SUSPEND USE OF MY CARD AT ANY TIME AND I AUTHORISE NCB TO CLOSE MY ACCOUNT ON MY BEHALF WHEN IT DEEMS FIT. I ASSUME FULL RESPONSIBILITY FOR ALL TRANSACTIONS MADE USING MY CARD OR MY ACCOUNT. I AUTHORISE THE VERIFICATION OF ANY INFORMATION CONTAINED IN THIS APPLICATION AND CONSENT TO THE DISCLOSURE OF THIS INFORMATION TO OTHER PARTIES AS NEEDED FOR THE PURPOSES OF VERIFICATION OR TRANSACTION-RELATED PROCESSES, INCLUDING CARD ISSUERS AND CARD PROCESSORS. I ACKNOWLEDGE THAT NCB MAY AT ANY TIME HEREAFTER GIVE MY INFORMATION TO MEGAMART AND CONFIRM THAT THIS ACKNOWLEDGEMENT CONSTITUTES WRITTEN NOTICE TO ME.

| | | | |
|---------------------------------|---|------|----------------|
| APPLICANT SIGNATURE | X | DATE | MONTH DAY YEAR |
| ADDITIONAL CARDHOLDER SIGNATURE | X | DATE | MONTH DAY YEAR |
| WITNESS SIGNATURE | X | DATE | MONTH DAY YEAR |

This application is subject to approval. We reserve the right to offer you another product if, for whatever reason, the product of your choice is not available.

SELF-CERTIFICATION OF RESIDENCY

Instructions for Completion

We are obliged under the inter-governmental agreement ("IGA") and any and all enactments supporting the implementation of the IGA to improve tax compliance and to implement the Foreign Account Tax Compliance Act ("FATCA") entered into by the government of the United States of America and the respective government of Jamaica, the Cayman Islands and Trinidad & Tobago. As a result, we are also obligated to collect certain information about each account holder's tax arrangements.

Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities. Terms referenced in this form shall have the same meaning as applicable under the relevant IGA regulations and/or guidance notes.

If any of the information below about your tax residence or FATCA classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor.

Please note that where there are joint account holders, each account holder is required to complete a separate Self-Certification of Residency form.