



GOVERNMENT OF JAMAICA

CLIENT INFORMATION FORM

I. CLIENT INFORMATION

Organization Name:	
Address:	
Telephone Number (s):	
Fax Number (optional):	
Taxpayer Registration Number (TRN):	
Contact Name and Position:	
Email Address:	

II. CLIENT'S BANK INFORMATION

Name of Account:	
Name of Bank:	
Bank Branch (e.g. Duke St.):	
Bank Identifier Code (BIC) (applicable only for foreign direct payments):	
Bank Account Type (Savings, Chequeing, Other):	
Bank Account Number:	

NB. – Verification of bank account number must be submitted along with this form. Copy of blank cheque leaf/online or bank statement (outlining account number only)/bank passbook can be used as verification instruments.

I/We, _____
 Name of Company/Organization/Payee (hereinafter called "the Client")
 of:-

Business Address: _____

do hereby authorize the Government of Jamaica through the Ministry of XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX to initiate credit entries; and should there be any debit
 correction and adjustment to the Client's account that permission/authorization from the Client
 will be sought before its execution relating to any transaction done by the Ministry at the
 commercial bank stated above.



TERMS, CONDITION & DISCLAIMERS

For electronic payment :

1. The Client acknowledges that the account indicated overleaf is the account that will be used for all transactions between them and the Ministry of Finance & Planning.
2. The electronic payment shall be made in Jamaican Dollar or any other currency stated in the client's contract with the Ministry of Finance & Planning
3. All terms and conditions of the contract with the Ministry shall remain unaffected.
4. The undersigned warrants and asserts that they have the authority to specify the account to which payment is to be made on behalf of the Client.
5. The Client agrees and warrants that the account provided by it, is a legitimate account to which the company or business can be paid and therefore indemnifies the Ministry against any loss or damage suffered as a result of any error in the account information provided herein. The Client shall at all times, indemnify and save harmless the Ministry (including its officers, agents and employees), of and from all loss and damage and all actions, claims, costs, demands, expenses, fines, liabilities and suits of any nature whatsoever for which the Ministry shall or may become liable, incur or suffer by reason of making payments, transferring funds to the account specified by the Client. The Client's obligations under this Authorisation shall survive the termination of the arrangement between the Ministry and the Client, whether by effluxion of time or otherwise.
6. The authorised information provided by the client in **Form A** is to remain in full force and effect until the Ministry has received written notification from the Client of its termination in such a time and manner as to afford the Ministry a reasonable time to act upon it. A period of time not less than seven (7) working days shall be considered a reasonable time
7. Where there are any changes or closure of Client's bank account the Ministry should be advised by the Client two weeks prior to the due date for payment to your account.

Signed on behalf of the Client:

Authorizing Officer: _____
Name Position

Signature Date

COMPANY'S SEAL/ STAMP

Witnessed in the presence of: _____
 Managing Director/Justice of the Peace/Police Superintendent/Pastor

FOR OFFICIAL USE ONLY:

Received on behalf of the Ministry:

Authorised Representative: _____
Name

Signature Date