



**GOVERNMENT OF JAMAICA**  
**JAMAICA CUSTOMS AGENCY**  
**CLIENT INFORMATION FORM**

This form is to be used to capture information for clients to the Jamaica Customs Agency for the processing of electronic payments.

**I. CLIENT INFORMATION**

Organization/Person Name:	
Taxpayer Registration Number (TRN):	
General Consumption Tax Number (GCT):	
National Insurance Number (NIS):	
Registered Office Address:	
Contact Number (s): (cell & landline)	
Fax Number:	
Contact Name and Position:	
Email Address:	

**II. CLIENT BANK INFORMATION**

Name of Account:	
Name of Bank:	
Bank Branch (e.g. King St.):	
Bank Identifier Code (BIC)( <i>applicable only for foreign direct payments</i> ):	
Bank Account Type(Savings, Chequing, Other):	
Bank Account Number:	

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



I/We, \_\_\_\_\_  
Name of Company/Organization/Payee (hereinafter called "the Supplier")

of: - \_\_\_\_\_  
Business Address:

**TERMS, CONDITION & DISCLAIMERS**

**For payments (cheque and/or electronic) :**

1. The CLIENT acknowledges that the account indicated overleaf is the account that will be used for all transactions between them and the Jamaica Customs Agency (JCA hereafter referred to as the Agency).
2. The electronic payment shall be made in Jamaican Dollar
3. All terms and conditions of the contract with the Agency 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 Supplier.
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 Agency against any loss or damage suffered as a result of any error in the account information provided herein. The Supplier shall at all times, indemnify and save harmless the Agency (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 Agency shall or may become liable, incur or suffer by reason of making payments, transferring funds to the account specified by the Supplier. The Supplier's obligations under this authorization shall survive the termination of the arrangement between the Agency and the Supplier, whether by effluxion of time or otherwise.
6. The authorized information provided by the supplier in **Form A** is to remain in full force and effect until the Agency has received written notification from the supplier of its termination in such a time and manner as to afford the Agency 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 Agency should be advised by the client two weeks prior to the due date for payment to your account.

Signed on behalf of the Client: \_\_\_\_\_  
Name Position

Authorizing Officer: \_\_\_\_\_  
Signature Date

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



**COMPANY'S SEAL/ STAMP**



**FOR OFFICIAL USE ONLY** - to be completed by Jamaica Customs Agency and must be authorized by the Jamaica Customs Agency Finance unit.

Received on behalf of the Jamaica Customs Agency:

JCA Representative: \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature Date

**FINANCE UNIT**

Authorized Representative: \_\_\_\_\_  
Name Position

\_\_\_\_\_  
Signature Date

Assigned Supplier Code: \_\_\_\_\_

JAMAICA CUSTOMS AGENCY