



# GOVERNMENT OF JAMAICA

## CLIENT INFORMATION FORM

### I. CLIENT'S 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 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 Client")

of:-

Business Address: \_\_\_\_\_

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



## 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 Accountant General's Department.
2. The electronic payment shall be made in Jamaican Dollars or any other currency stated in the client's contract with the Accountant General's Department
3. All terms and conditions of the contract with the Accountant General's Department 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 Accountant General's Department only against any loss or damage that is attributable to or the result of any error in the account information provided herein. The Client shall at all times, indemnify and save harmless the Accountant General's Department (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 Accountant General's Department shall or may become liable, incur or suffer only by reason of making payments, transferring funds to the account specified by the Client. For the avoidance of doubt, the Parties agree that the aggregate indemnification under this agreement shall not exceed the sum of J\$5,000,000.00, subject to this limit being amended based upon agreement between The Client and the Government of Jamaica.
6. The authorised information provided by the client in **Form A** is to remain in full force and effect until the Accountant General's Department has received written notification from the Client of its termination in such a time and manner as to afford the Accountant General's Department 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 Department 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

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### FOR OFFICIAL USE ONLY:

Received on behalf of The Accountant General's Department:

Authorised Representative: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Signature Date

