



1B Braemar Avenue, Kingston 10, Jamaica W.I. • Phone (876) 656-8000 • Telefax (876) 656-8001
 Email info@ironrockjamaica.com • Web www.ironrockjamaica.com

By completing this form, you consent to the use of your data as outlined below:

Data Retention: We will keep the data you provide for 7 years as required by law. After that, it will be kept indefinitely for statistical and research purposes. Your privacy will be protected through anonymization or pseudonymization of the data.

Data Usage: During the retention period, your data may be used to fulfil legal obligations, respond to authorized inquiries, conduct internal analysis, direct marketing, and generate anonymized statistics.

Data Security: We implement measures to ensure the security and confidentiality of your data, including secure storage, restricted access, encryption, and monitoring.

Data Sharing: We may share your data with authorized third parties for legal compliance or research purposes, ensuring they comply with Jamaica's data protection requirements.

Your Rights: You have rights to access, rectify, erase, restrict processing, and data portability. For concerns or inquiries, please contact us. For our full privacy statement please visit our website at <https://www.ironrockjamaica.com/customer-care/privacy-and-security/>

I consent to the data privacy terms above: _____

CORPORATE CUSTOMER INFORMATION FORM

Dear Customer, We are required by law to collect and maintain your most current information. We therefore ask that you complete and return this form so that your records can be updated accordingly.

Legal Name			
Trade Name , if Different from Legal Name			
Company/Partnership/Association			
Registered Street Address		Town / Postal Zone	Parish/Country
Mailing Address , if Different from Registered Address		Town / Postal Zone	Parish/Country
Business Number	Fax Number	Mobile Number	Email Address
Nature of Business/Industry			
Date of Incorporation/Registration (DD/MM/YYYY)		TRN	
Contact Person - Last Name	Contact Person - First Name	Contact Person - Middle Name	
Contact Person - Office Number	Contact Person - Fax Number	Contact Person - Email Address	

NAMES OF EXECUTIVES/DIRECTORS

Chief Executive Officer - Last Name	First Name	Middle Name(s)
Home Address	Town	Parish/Country
Chief Financial Officer - Last Name	First Name	Middle Name
Home Address	Town	Parish/Country
Chief Operating Officer - Last Name	First Name	Middle Name
Home Address	Town	Parish/Country

Do any of your Named Executive Officers/Directors or Shareholders Hold a Prominent Public Position (e.g. Member of Parliament, Senate or Mayor, Senior Government Official, etc.)? Yes No

If Yes, State Their Names and Positions Below:

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State the Name(s) and Address(es) of the above name person(s) spouse and children:

Name of Child or Spouse	Relationship	Address of Child or Spouse

**Spouse includes common law husband or wife*

PRINCIPALS OWNERS, DIRECTORS and SHAREHOLDERS WITH 10% OR MORE _____

Name	Category	Home Address

I declare that the information given is correct to the best of my knowledge.

Insured/Agent Signature _____ Date _____

Customer Service Signature _____ Date _____

- Please provide the following documents:
1. Copies of ID from at least 2 Directors (DL, PP or Voters ID)
 2. Copy of Certificate of Incorporation

NOTE: Company stamp is to be affixed to this form

