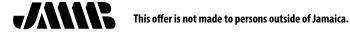
APPENDIX 3

PREFRENCE SHARE APPLICATION FORM



To: The Directors of Jamaica Money Market Brokers Limited ("JM	IMB")	
I/We hereby apply for , , , , , , , , , , , , , , , , , , ,	2.50% Preference Shares in JMMB's Offer. (For existing JMMB Group Clients and Shareholders as	
I/We hereby apply for	7.25% Preference Shares in JMMB's Offer.	
being the sum payable on application for subscribing the above stated number of Preference Shares. I/We have read and understood the Prospectus for JMMB's offer dated Aug 2, 2013, and I/we declare my/our consent to, and agreement to be bound by, the Terms and Conditions of JMMB's Offer of Shares as set forth in the said Prospectus (including, without limitation, the restrictions and re-sale and the several other conditions set forth in Section 21 thereof). I/We request JMMB to allot and issue to me/us the number of Shares applied for by me/us herein, and I/we agree to accept an allotment of that number of Shares or any smaller number of Shares in respect of which this application may be accepted by JMMB, upon and subject to the above mentioned Terms and Conditions. I/We authorize JMMB's Company Secretary or Registrar and Transfer Agent to place my/our name(s) upon the Register of Members of JMMB in respect of the Shares allotted to me/us. I/We also agree to be bound by JMMB's Articles of Association.		
Please use BLOCK CAPITAL LETTERS		
	(F) and affix company seal. Individuals must complete lines (B), (C), (D), (E) and (F).	
(A) Company Name		
Company Name		
(B) Last Name	First Name M. Init	
(C) Taxpayer Registration # JCSD Accou	unt # Broker # Broker Account #	
(D) Address 1		
Address 2		
(E) City/Parish	Citizenship	
(F) Tel. No. (Home) Tel. No. (Wor	rk) Tel. No. (Cell)	
ACCOUNT TYPE: House Client CLIENT TYPE: Individual Company		
EMAIL ADDRESS: Preferred Communication Option		
SIGNATURES		
COMPANY: DIRECTOR	DIRECTOR/COMPANY SECRETARY	
INDIVIDUAL:		
SIGNATURE DATE SIGNATURE AFFIXED		
Please note: All applicants (individual and joint) are to submit copies of a valid photo ID (eg. driver's license) and TRN card.		
IN CASES OF JOINT APPLICATIONS, APPLICANTS MUST COMPLETE (2) AND/OR (3) BELOW AND/OR (4) OVERLEAF. (2) (3)		
	Last Name	
Last Name		
First Name	First Name	
Taxpayer Registration Number	Taxpayer Registration Number	
EMAIL ADDRESS	EMAILADDRESS:	
SIGNATURE (Joint Applicant):	SIGNATURE (Joint Applicant):	
THIS SECTION IS TO BE COMPLETED, STAMPED AND RETURNED TO APPLICANT.		
NAME OF APPLICANT(S):		
ICCD ACCOUNT		
JCSD ACCOUNT: NUMBER OF UNITS APPLIED FOR:		
RECEIVED BY (AGENT):	SIGNATURE (AGENT):	
AMOUNT TENDERED:	DATE RECEIVED:	
CHANGE AND THE INITIAL	DAIL NECLIVED.	



PAYMENT REFERENCE NUMBER:

BROKER STAMP:

(4) Last Name		
First Name		
Taxpayer Registration Number		
EMAILADDRESS :		
SIGNATURE (Joint Applicant):		
FOR OFFICIAL USE ONLY		
FOR USE BY BROKER		
DATE RECEIVED: [DD/MM/YYYY] Last Name RECEIVED BY:	/ / First Name	
SIGNATURE:	BRANCH:	
TOTAL NUMBER OF SHARES: PRICE OF SHARES (INCLUDING JCSD'S FEES): AMOUNT TENDERED: J\$ PAYMENT REFERENCE NUMBER:		
FOR USE BY KPMG REGULATORY & COMPLIANCES SERVICES (DNLY:	
APPLICATION NUMBER:		
APPLICATION STATUS:		
COMMENT & DATE:	RJ / / / / PD / / / / / / / / / / / / / /	
DATE RECEIVED:		
PROCESSED BY:		
CHECKED BY:		
Please add a fee of \$110.00 (inclusive of GCT) which is charged by the JCSD to credit the shares to your account.		