



## DECLARATION OF SOURCE OF FUNDS

1. Customer Name (Last, First, Middle) or Business:		7. Name of person conducting transaction, (If different from previous):	
2. Permanent Address:		8. Permanent Address:	
3. Date and Place of Birth:		9. Date and Place of Birth:	
4. Nationality:		10. Nationality:	
5. Occupation and Employer's Name:		11. Occupation and Employer's Name:	
6. Telephone Number (H):	Telephone Number (W):	12. Telephone Number (H):	Telephone Number (W):
13. A/C Number:		14. Amount of Transaction & Currency:	
15. Name of Company (Sagicor Life Inc or Sagicor Funds Incorporated etc):			
16. Address of Branch receiving funds			

Form of Verification (Please check box)	Issuer & Date	Number
NATIONAL I.D.		
PASSPORT		
DRIVERS LICENCE		
SOCIAL SECURITY		
OTHER (Specify)		

**DESCRIPTION / NATURE OF BUSINESS TRANSACTION:**

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**DECLARATION**

I declare the US\$ (Other \_\_\_\_\_ ) Totalling \$ \_\_\_\_\_

Presented to complete this transaction, by means of (record particulars of instrument or attach copy) represents the proceeds of monies obtained from the following source.

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X \$100
X \$50
X \$20
X \$10
X \$5
X \$2

I acknowledge that this declaration is required under the Company's anti-money laundering and anti-terrorism policy and consent is given to the Company, a member of the SAGICOR Group, to disclose this information to Anti-Money Laundering personnel with the SAGICOR Group of companies and their affiliates for the purpose of ensuring that the Company complies with Anti-Money Laundering legislation.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



Transaction Approved?            Yes            No

Receipt Number \_\_\_\_\_

If No, state reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Officer Completing Transaction  
(Signature & Title)

\_\_\_\_\_  
Customer Service Supervisor  
(Signature & Title)

\_\_\_\_\_  
Authorizing / Compliance Office  
(Signature & Title)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed Date