



ADDITIONAL CARDHOLDER FORM

Share the advantages, simplicity and security of your **Sagikor Bank MasterCard Credit Card** by adding your family members or loved ones to your account.

Simply complete the form overleaf and return it to your Sagikor Bank branch, along with the photo identification and TRN for the additional cardholder you are adding.



Sagikor Bank

PRIMARY CARDHOLDER

First Name:	Last Name:	Middle:
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Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>	Credit Card Number:
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ADDITIONAL CARDHOLDER * ALL FIELDS MUST BE COMPLETED

First Name:	Last Name:	Middle:
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Date of Birth:	Nationality:	ID #:
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ID Type	TRN:
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For Joint/Co-Applicant, complete below:

Address:	Time at Current Address: MM YY
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Telephone Number: Home	Work	Mobile
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Job Title:	No. of Dependents:
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Email Address:	Place of Employment:
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Employment Address:

Annual Salary:	Tenure at Employment:
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Employment Status:				
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Contract	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Commissioned

Declaration:

I/We, the undersigned, authorise Sagicor Bank Jamaica Limited, ('the Bank') to obtain any information as it may require concerning this application including my/our personal and financial information. I/We warrant and confirm that: (i) the information given herein is true, correct and complete; (ii) I/we understand that the information is being used to determine my/our credit worthiness and the Bank will be relying on the information in evaluating my/our application; (iii) no information, which might affect the Bank's decision to make a credit facility available, has been withheld; (iv) this application is and shall remain the property of the Bank whether or not the application is granted; (v) I/we are responsible for the use of the card; (vi) I/we shall pay all interest on the balance outstanding on the card account, charges and fees at the rate set out in the Bank's schedule of fees as the same may be amended by the Bank from time to time in its absolute discretion; (vii) I/we agree to be bound by the terms and conditions set out in the Cardholder Agreement as the same may be amended from time to time; and (viii) I/we are 18 years or older and not subject to any disability with respect to this application or maintaining a credit card. I/we hereby authorise and consent to: (a) the Bank setting-off sums due on the card account against funds standing to my/our credit with the Bank; (b) the Bank receiving and/or sharing any credit, financial or other information about me/us from or with any of its affiliates, parent company or subsidiaries whether in or outside the jurisdiction, agents, third party assignees, other financial institutions, third party service providers, credit bureaus or credit reporting agencies, regulators in and outside of the jurisdictions in which the Bank does business as may be required by law or from or with any other person or corporation with whom I/we may have or propose to have financial or other business dealings from time to time. In particular, I hereby authorize Sagicor Life Jamaica Limited and Sagicor Investments Jamaica Limited to disclose information about me to the Bank. The Bank may use the information in this application in respect of any of its present or future services permitted by law. I/We hereby indemnify the Bank against any loss, claims, damages, liabilities, actions and proceedings and legal and/or other expenses incurred by the Bank as a consequence of the disclosure of my/our credit, financial and/or other information.

Cardholder Signature:	(Month / Day / Year) ____/____/____
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Additional Cardholder Signature:	(Month / Day / Year) ____/____/____
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FOR INTERNAL USE ONLY

T24:	Branch/Unit:	Employee Number:
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Referred By-Employee Name:	Officer Name:
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Officer Code:	Officer Signature:
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ACCOUNT MAINTENANCE UNIT (AMU) USE ONLY

Credit Card #:	Keyed By:	Verified By:
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Campaign/Promo Code:	MRS No.:	Signature:
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