

☐ Joint

Account Type:

Individual

Account Opening Individual

eForm AOISIJ07 2015

NAME OF ACCOUNT HOLDER (S)				CIF # Official use only			
1.							
2.							
3.							
4.							
5.							
ACCOUNT MAILING ADDRESS (If different from CIF mailing address)							
Street Address:							
INVESTMENT PRODUCTS & SERVICES							
☐ SIMA ☐ Repurchase Agreement ☐ GOJ Instruments ☐ Stockbrokerage ☐ Structured Products							
□ Other							
Expected Monthly Activity				Source of			
SIMA Account No.	Currency	Deposits	Withdrawals	Funding/Wealth for Accounts			
1.							
2.							
3.							
4.							
5.							
Initial Source of Funds:	Amount \$						
INVESTMENT OBJECTIVE							
☐ Education ☐ Appreciation ☐ Income ☐ Retirement ☐ Major Purchase ☐ Other							
RISK PREFERENCE (Identify your willingness and ability to assume risk)							
Conservative (You have a low tolerance for risk in your investments) Moderate (You have a medium tolerance for risk in your investments) Aggressive (You have a high tolerance for risk in your investments)							
ACCOUNT AUTHORITY							
 □ Full Discretion (Client grants full authority without consultation) □ Partial Discretion (Client must be contacted before execution of any transaction) □ Custody (No discretion, assets are for safekeeping and reporting only) 							

ONLINE SERVICES

I/we hereby request that Sagicor extend on-line banking services to me/us and in consideration of Sagicor doing so, I/we hereby agree to be bound by the terms and conditions published by Sagicor and which are applicable to its on-line banking products and services. I/we further acknowledge and agree that: (a) I/We have received, read and understood the terms and conditions applicable to Sagicor's on-line banking products and services; and (b) Sagicor may amend, vary or substitute the terms and conditions applicable to its on-line products and services from time to time in its sole and absolute discretion and that any use by me/us or on my/our instruction of such online banking services after the date of publication of the amended or substituted terms and conditions on Sagicor's website www.sagicorjamaica.com, shall constitute my/our agreement to be bound by same.

DECLARATION

I/We hereby request that Sagicor Investments Jamaica Limited (SIJL) open the account(s)/contract(s) specified above. I/We understand that the information provided herein is the basis for opening such account(s) and warrant that such information is accurate in all respects. In consideration of SIJL opening the said accounts, I/We agree to provide any documents and further information requested by SIJL on the opening of the account(s)/contract(s) or from time to time thereafter and to abide by SIJL requirements and all laws and regulations concerning the said account(s). I/We confirm that the Terms and Conditions governing the operation of the account(s)/contracts(s) hereby requested to be opened, have been made available to me/us and I/we have read, understood and agree to be bound by such Terms and Conditions as amended from time to time. I/we agree to indemnify and hold the Bank and its subsidiaries harmless in respect of any loss I/we may suffer as a result of my/our failure to comply with the aforementioned Terms and Conditions. I /we further agree that SIJL shall be entitled to close my/our account forthwith if it deems the information provided herein to be insufficient or inaccurate, in the event of any breach of the aforementioned Terms and Conditions or any laws with respect to the said account(s)/contract(s) or for any other lawful reason whatsoever.

Name	Signature	Date (dd/mm/yyyy)
Name	Signature	Date (dd/mm/yyyy)
Name	Signature	Date (dd/mm/yyyy)
Witnessed by: Justice of the Peace/ Notary Public/Bank Officer	Signature	Date (dd/mm/yyyy)

SPECIMEN SIGNATURES						
Signing Desig						
□ Other (Sta	te combinations, attach if necessa	ary)				
Surname		······	Signature must fit wi	thin the Signature Box		
First Name an	d Initial					
Date						
Dute						
CIF Number						
Surname			Signature must fit with	nin the Signature Box		
First Name an	d Initial					
Thist ivaline an	a miliai					
Date						
CIF Number						
Surname			Signature must fit witl	hin the Signature Box		
First Name an	d Initial					
Date						
CIF Number						
Surname		,	Signature must fit witl	hin the Signature Box		
First Name an	d Initial					
Date						
CIF Number						
		I		i		
Witnessed by	/: Justice of the Peace/ Bank Officer	Signature	Da	te (dd/mm/yyyy)		
	Entered by:	Authorise	d by:	Date (dd/mm/yyyy):		
For Official	Scanned by:	Authorise	d bv:	Date (dd/mm/yyyy):		
Use			-	Sace (aa, min, yyyy).		
Only	Promotional Code:	Prom	otion Date:			