

Branch:

Date:

To:

(PROTECTOGRAPH AMOUNT/AMOUNT IN WORDS)

We certify the balance(s) of the account(s) listed below in the name(s) of:

at this office at the close of business

totalled

Account Number	Account Type	Date Opened	Currency and Balance	Jamaican Equivalent
			Total	

The foregoing information is disclosed in strictest confidence for the sole use of the addressee and further, is given on the express understanding that neither Sagicor Bank Jamaica Limited nor its employees shall incur any liabilities whatsoever for furnishing same.

Name: _____

Title:

Branch: _____

Date: _____

To: _____

(PROTECTOGRAPH AMOUNT/AMOUNT IN WORDS)

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Name: _____

Title: _____

Client Consent _____
Signature

Date (dd/mm/yyyy)