

## Client Information Form Business

eForm CIFB05-2019

	BUSINESS INF	FORMA	TION				
Business Name:							
Tax Registration Number (TRN):	TIN (for US registered Companies		npanies only):				
Address:					Since (dd/mm/yyyy):		
Mailing address (if different from above):							
Previous address (If current address is less th	nan 5 years):						
Country of Incorporation:	Sector:						
Office Number (include area code):		Fax (in			nclude area code):		
E-mail Address:							
C	CORPORATE IN	NFORMA	ATION				
Business publicly traded in Jamaica?		If	If Yes Stock Exchange Symbol:				
Is Business a Part of a Group of Companies?	□ Yes □ No						
Name of Group of Companies (provide Organ	nizational Chart	:):					
INFORMAT	TION ON SUBS	SIDARIES	IN THE	GROU	IP		
Name of Subsidiary	Address		Ty	pe of Business	% Owned		
, , , , ,							
,							
,							
,							
,							
	TION ON AFF	ILIATES	IN THE	GROUF	)		
	ATION ON AFF	ILIATES dress	IN THE	1	ype of Business	% Owned	
INFORMA	ATION ON AFF		IN THE	1		% Owned	
INFORMA	ATION ON AFF		IN THE	1		% Owned	
INFORMA	ATION ON AFF		IN THE	1		% Owned	
INFORMA	ATION ON AFF		IN THE	1		% Owned	
INFORMA Name of Affiliates  DETAILS ON SHAR	ATION ON AFF Ad	dress	10% OR	Ty	ype of Business	% Owned	
INFORMA Name of Affiliates  DETAILS ON SHAR	ATION ON AFF	dress	10% OR	Ty	ype of Business	% Owned	

Name:
Total Shareholding (No. of Units): % of Shareholding:
Name:
Total Shareholding (No. of Units): % of Shareholding:
COMMERCIAL INFORMATION
Line/s of Business: (e.g. Type of products/services)
Description of Business: (Market Share/Size)
Name of Major Suppliers:
Name of Major Customers:
FINANCIAL PROFILE
Business Classification:   Micro Businesses   Small Businesses   Medium-sized   Large Corporate & Commercial
Annual Sales/Turnover: No. of Employees:
Asset Value of the Company: □ Less than J\$5m □ J\$5M - J\$10M □ J\$10M − J\$50 □ over J\$50M
Previous Banking Relationships:
Other Current Banking Relationships:  POLITICALLY EXPOSED PERSONS
Are any of the Directors, signatories, or their immediate family members (parents, siblings, spouse, children, & or in-laws); a current or former senior official in the military, executive, legislative or administrative arms of government, or judiciary of your country of residence or a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by your country of residence or a foreign government?
□ No □ Yes, Please provide details
I/we hereby request that Sagicor (which term shall, as applicable include Sagicor Bank Jamaica Limited and/or Sagicor Investments Jamaica Limited) accept instructions and communications from me/us by facsimile and electronic mail and in consideration of Sagicor doing so I/we hereby agree as follows: (a) that Sagicor may (in its discretion) act on electronic communications made by me/us from time to time and I/we voluntarily and with full knowledge take and assume any and all risks associated therewith; (b) that once electronic communications are sent to Sagicor by me/us, Sagicor shall have no obligation to check or verify the authenticity or accuracy of electronic communications purporting to have been sent by me/us save and except that they have originated from the electronic mail address, facsimile or telephone number provided by me/us to Sagicor and Sagicor may act thereon as if same had been duly given by me/us; (c) that in acting on such electronic communications, Sagicor shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such electronic communications may have been initiated, sent or otherwise communicated in error or fraudulently, and I/we shall be bound by such instructions on which Sagicor may act, if Sagicor has in good faith acted in the belief that such electronic instructions were given by me/us; (d) that Sagicor may, in its absolute discretion, decline to act on or in accordance with the whole or any part of an electronic communication pending further enquiry or further confirmation (whether written or otherwise) by me/us, so however that Sagicor shall not be under any obligation to so decline in any case, and Sagicor shall in no event or circumstances be liable in any respect for not so declining; (e) that communications sent by electronic means can sometimes only be carried out during the normal business hours of Sagicor; (f) that Sagicor will not be required to act on electronic mannications unless they are sent from an electro
INTERNET BANKING
□ Yes "Laccept the e-bank services" □ No "Lidecline the e-bank services"

**SHARING INFORMATION** I understand and agree that the information I provide in this form and from time to time, including information regarding my accounts and business transactions with you (Customer Information) may be used (1) to confirm my identity; (2) to augment and update currently held information; (3) to provide me with accurate and up-to-date services; (4) to manage and assess the company's risks; (5) to satisfy information requests; and (6) to meet legal and regulatory requirements. I further understand and agree that my Customer Information may be shared within the Company which includes its parent, subsidiaries, associated companies and affiliates, with third party service providers, credit bureaus and regulators in and outside of the jurisdictions in which Sagicor does business for the purposes above and as may be required by law. I hereby warrant that the information provided herein is accurate and consent to the sharing and disclosure of my Customer Information for the purposes provided herein and as Sagicor may require from time to time. Name **Authorised Signature** Title Title Name **Authorised Signature** Title Name **Authorised Signature** Date (dd/mm/yyyy) Affix Corporate Seal here Witnessed by Signature Title Date (dd/mm/yyyy) Justice of the Peace/ Notary Public/Bank Officer FOR OFFICIAL USE ONLY CIF Number: Branch: MIS Sector: Subsector: **BRANCH ACCOUNT MAINTENANCE UNIT** References/Employment Signature: Date(dd/mm/yyyy): Verified by: Verified by: Entered by: Date(dd/mm/yyyy): Date(dd/mm/yyyy): Signature: Signature: