



Source of Funds Declaration

Branch: _____

Date: _____

(dd/mm/yyyy)

Personal Information

Policyholder: _____

Policy Number(s): _____

Transaction Details

Currency: SELECT

Amount: _____

Details of Person Conducting this Transaction if different from Policyholder

Name: _____

Address: _____

Date of Birth: (dd/mm/yyyy)

Contact Numbers: _____

Type of Identification Driver's Licence National Identification Passport Employer's

ID No. _____

Declaration

The undersigned declares that the Source of Funds for this transaction is _____

As a matter of policy, the Sagicor Group of Companies verifies the source of funds before accepting funds for deposit, transfer, payment of debt or for the purchase of any other currency or instrument. Consent is hereby given to Sagicor Group of Companies to disclose the information provided herein to other members of the Sagicor Group of Companies and/or to Regulatory and Law Enforcement Authorities.

Policyholder's Signature

Date (dd/mm/yyyy)

Declaration of Third Party

(This section is to be signed if the depositor is acting on behalf of a Third Party in a fiduciary capacity (e.g. Attorney-at-Law, Notary Public, Trustee, Accountant, etc.))

The undersigned has made inquiry and to the best of the undersigned's knowledge and belief, the funds were not derived from or are being employed in any illegal transaction by the person/company for whom/which the undersigned is acting.

Third Party's Name

Signature

Date (dd/mm/yyyy)

**For
Official
Use
Only**

For Bearer transactions, I hereby confirm that the client was contacted by email/phone and has declared that the source of funds is as mentioned above.

Signed By: _____

Signature: _____

Date: _____

Authorised by: _____

Signature: _____

Date: _____

