

Account Information					
First Name		Middle Name		Last Name	
Email Address:					
Confirmed Email Address:					
Area Code	Home Number	Area Code	Mobile Number	Area Code	Office Number
Detail of Orders					
Security Description		Nominal Value	Price	Instruction (Buy/Sell)	
1					
2					
3					
4					
5					
Method of Payment/ Source of funds:					
Cheque		Credit Account		Wire Transfer(Please provide bank Details)	
SIMA Account Number: _____			Bank Details: _____		
Other Instructions:					
I hereby request that Sagicor Investments Trinidad & Tobago Limited ('Sagicor') perform the transaction described in this Securities Trade Order on my behalf and in consideration of Sagicor doing so, I hereby acknowledge and agree with Sagicor as follows: (a) that this Securities Trade Order is not a solicitation or recommendation or an offer to buy or sell any securities or product; (b) Sagicor, its affiliated companies, their directors, officers and employees may have a position in or make a market in any securities mentioned above and may act as a broker, investment banker or advisor with respect to such securities or the issuers of such securities; (c) the securities mentioned above may carry with them the risk of loss of all or part of the amount invested, Sagicor shall not be liable to me for any damage incurred or loss suffered by me as					

a consequence of the purchase or sale of such security; (d) I have consulted my own advisors regarding any tax, accounting or legal implications of the purchase or sale of the above security before making any purchase or sale; (e) I hereby indemnify Sagicor, its affiliated companies, their directors, officers and employees and agree to hold them blameless in respect of any loss or damage which I may suffer as a consequence of Sagicor executing the transaction described in this Securities Trade Order; (f) in the event that the execution of any trade by Sagicor on my behalf should result in a short cash position, I agree to immediately pay to Sagicor such amount as Sagicor may deem necessary to cover such short cash position. I further agree that Sagicor may realise or set-off any funds standing to my credit with Sagicor or any of its affiliates to cover a short cash position which has arisen as a result of Sagicor's compliance with my instructions and that Sagicor shall have a lien on and shall be entitled to realise any securities standing to my credit which are in Sagicor's possession, in order to cover any such short cash position; (g) Sagicor may, in its absolute discretion, decline to act on the instructions contained in this Securities Trade Order if Sagicor believes that the transaction is contrary to any law, regulation or any directive of a regulatory body, if I have not funded the transaction or provided information requested by Sagicor or if Sagicor believes that my instructions are unclear, cannot be carried out or may be fraudulent; and (h) Sagicor's own books and records shall be conclusive evidence of any transaction carried out by Sagicor on my behalf.

JOINT ACCOUNT HOLDER'S NAME

SIGNATURE

DATE (DD/MM/YYYY)

JOINT ACCOUNT HOLDER'S NAME

SIGNATURE

DATE (DD/MM/YYYY)

PRIMARY ACCOUNT HOLDER'S NAME

SIGNATURE

DATE (DD/MM/YYYY)

For Official Use Only

Time Request Received	SITTL Representative
Date Order Received:	Treasury
Time Request Executed:	Authorized Signatory (BSU):
Request Successful:	Authorized Signatory (BSU):