

Branch: _____

Date (dd/mm/yyyy): _____

ACCOUNT HOLDER'S INFORMATION

Account Holder's Name: _____

Account Holder's Address: _____

Account Number: _____

Source of Funds (for transactions): _____

TRANSACTION DETAILS

Currency: _____

Amount: _____

Amount in Words: _____

BENEFICIARY INFORMATION

Beneficiary Full Name: _____

Beneficiary Address: _____

Date of Birth (dd/mm/yyyy): _____

Beneficiary Account Number: _____

Relationship with Remitter (for personal transactions): _____

Purpose of Wire: _____

Additional Information: _____

BENEFICIARY BANK INFORMATION

Beneficiary Bank name: _____

Beneficiary Bank Address: _____

Fed Wire/SWIFT/IBAN: _____

INTERMEDIARY BANK INFORMATION

Intermediary Bank Name: _____

Intermediary Bank Address: _____

Fed Wire/SWIFT/IBAN: _____

PAYMENT INSTRUCTIONS

PLEASE DEBIT MY/OUR ACCOUNT NUMBER

WITH TOTAL COST FOR SENDING THIS WIRE.

By signing this form, you authorise Sagicor Bank Jamaica Limited ("SBJ") to perform the transaction described above and to be bound by SBJ's Terms and Conditions for Accounts as applicable to the said transaction. You also agree that if the currency of the beneficiary account to which the funds are to be wired is different from the currency of the funds being wired, then unless otherwise agreed in writing, SBJ or any intermediary bank through which this transaction is processed may (but shall not be obliged) to convert the wired funds to the currency of the beneficiary account at a rate of exchange determined by them in accordance with their usual practice for currency conversions. Neither SBJ nor any intermediary bank shall be liable for any exchange rate or other losses resulting from such conversion. You also acknowledge that in addition to transaction fees which may be charged by SBJ, fees may also be payable by you to the intermediary bank through which this transaction may be processed. You agree that the payment may be scrutinized and understand that additional information may be requested at different levels of the transaction that must be provide before payment can be cleared/processed.

Account Holder's Signature: _____

Date (dd/mm/yyyy): _____

Account Holder's Signature: _____

Date (dd/mm/yyyy): _____

**For
Official
Use Only**

Reference #:

FX Rate:

Amount Debited:

Entered By:

Authorised By:

Date (dd/mm/yyyy):