

PERSONAL INFORMATION			
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Title:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____			
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
<b>Minor:</b> <input type="checkbox"/>			
First Name:	Middle Name:	Last Name:	Maiden Name (if applicable):
Permanent Address:			Since (Month/Year):
Mailing address (if different from above):			
Previous address (if current address is less than 5 years):			
Land Line Number (include area code):		Fax (include area code):	
Cellular Number(s)/Alternate Cellular Number (include area code)		Office Number(s) (include area code):	
E-mail Address:			
Tax Registration Number(TRN):	Social Security Number(SSN):	Tax Identification Number(TIN):	
Date of Birth (dd/mm/yyyy):		Country of Birth:	
Nationality:			
Choose one form of Identification and enter the ID number:			
<input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate (minors only) <input type="checkbox"/> Other: _____			
ID No. _____			
Country of Issue:	Issuing Agency:	Issue date: (dd/mm/yyyy)	Expiry Date: (dd/mm/yyyy)
Next of Kin:		Contact Number(s) (including area code):	
Mother's Maiden Name:			
RESIDENCY INFORMATION			
<input type="checkbox"/> Jamaican Resident <input type="checkbox"/> Non Resident Please state country of residence: _____			
Are you a US Citizen or Green Card holder? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tax Residence Country:		U.S. TIN No. (if applicable):	
Have you been present in the U.S. for 31 days during the current year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been present in the US for 183 days during the last 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

REFERENCE DETAILS		
Referee 1: <input type="checkbox"/> Letter <input type="checkbox"/> Telephone		Referee 2: <input type="checkbox"/> Letter <input type="checkbox"/> Telephone
Name:		Name:
Address:		Address:
Telephone No(s):		Telephone No(s):
Referee Type:		Referee Type:
<b>Referee Type:</b> Applicant's Employers for at least 3 months (CEO of Company/HR Manager/Equivalent), Army Officer (Rank of Major/Above) Attorney-at-Law (Stamp must bear attorney's number, Clerk of Court, Consular Officer (High Commissioner/ Ambassador), Current Sagicor Client (2 years and in good standing), Financial Institution (Manager/Above), Judge (Resident Magistrate/Above), Marriage Officer/ Civil Registrar, Justice of the Peace, Notary Public, Police Officer (Rank of Deputy Superintendent or above), Confirmed Sagicor staff members (including Advisors), Member of Parliament, Sagicor Providers (Medical Practitioners and owners of Pharmacies), Principals of schools registered with the Ministry of Education		
EMPLOYMENT INFORMATION		
<b>Employment Type</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student		
Name of Employer:		
Address of Employer:		
Employer's Business:		
Occupation:	Job Title:	Start date (dd/mm/yyyy):
Tenure:	Employer's Telephone No. (including area code):	Fax Number (including area code):
FINANCIAL INFORMATION		
Previous banking relationships:		Other current banking relationships:
<b>Annual Income</b> <input type="checkbox"/> Up to J\$500,000 <input type="checkbox"/> J\$500,001 – J\$1.5m <input type="checkbox"/> J\$1.5> - J\$3m <input type="checkbox"/> J\$3m> - J\$4.5m <input type="checkbox"/> J\$4.5> - J\$7m <input type="checkbox"/> Over J\$7m		
POLITICALLY EXPOSED PERSONS		
Are any of the account holders, 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?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Please provide details:		

**ELECTRONIC COMMUNICATIONS**

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 communications unless they are sent from an electronic mail address, facsimile or telephone number previously notified to Sagicor and (g) to release Sagicor from and indemnify Sagicor against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to Sagicor having acted in accordance with the whole or any part of any electronic communication or having exercised (or failed to exercise) the discretion conferred upon Sagicor hereunder.

Select mode of communication:    Email    Fax    Both    Neither

**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.

\_\_\_\_\_

Account Holder's Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (dd/mm/yyyy)

\_\_\_\_\_

Witnessed by

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date (dd/mm/yyyy)

Justice of the Peace/  
Notary Public/Bank Officer

**FOR OFFICIAL USE ONLY**

Branch:

CIF Number:

**BRANCH**

**ACCOUNT MAINTENANCE UNIT**

References/Employment  
Verified by:

Signature:

Date (dd/mm/yyyy):

Verified by:

Entered by:

Signature:

Date (dd/mm/yyyy):

Signature:

Date: (dd/mm/yyyy)