Sagicor Investments

Client Information Form
Business

eForm CIFB08-2020

BUSINESS INFORMATION		
Legal Entity Name	Date of Registration (DD/MM/YYYY)	
Company Registration Number	Tax Identification Number	
Country of Incorporation	Sector	
Select Company Type		
Limited Liability Company ◯ Registered Associations ◯ Statutory Bodies/ Government ◯	Partnership ◯ Sole Traders ◯	Unregistered Associations ◯ Charities ◯
Business Address		
Street Address:	State/Parish:	Country:
Mailing address (if different from above):		
Street Address:	State/Parish:	Country:
Previous address (If current address is less than 5 years):		

Street Address:	State/Parish:	Country:

(Area Code):	Office Number	(Area Code):	Fax Number

E-mail Address:

Confirm E-mail Address:

CORPORATE INFORMATION

Is Business publicly traded in Trinidad & Tobago? Yes ◯ No ◯

If Yes, Stock Exchange Symbol:

Is Business a Part of a Group of Companies? Yes ◯ No ◯

Name of Group of Companies (provide Organizational Chart):

INFORMATION ON SUBSIDARIES IN THE GROUP

Name of Subsidiary	Address	Type of Business	% Owned

INFORMATION ON AFFILIATES IN THE GROUP

Name of Subsidiary	Address	Type of Business	% Owned

DETAILS ON SHAREHOLDERS HOLDING 10% OR MORE SHARES
(Proof of identity for each shareholder listed)

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

Asset Value of the Company:

Less than $240,000 TTD ◯ $240,001 – $470,000 TTD ◯ 470,001TTD – $2MTTD ◯ Over $2MTTD ◯

If in operation less than three years, please provide a projection of income for the next three years.
If in operation for more than three years, please provide three years audited financial statements or management accounts.

ACCOUNT MAILING ADDRESS
(If different from CIF mailing address)

Street Address:	State/Parish:	Country:

INVESTMENT PRODUCTS & SERVICES

Purchase Agreement ◯ Gott Instruments ◯ Stockbrokerage ◯

Structured Products ◯ Other: _____

SOURCE OF FUNDING/WEALTH FOR ACCOUNTS

Currency Select	Expected Monthly Deposit Activity	
Initial Source of Funds: Select	Amount TTD:	Amount USD:
Other:		

INVESTMENT OBJECTIVE

Appreciation ◯ Income ◯ Major Purchase ◯ Other: _____

RISK PREFERENCE

(Identify your willingness and ability to assume risk)

◯ **Conservative** (You have a low tolerance for risk in your investments)

◯ **Moderate** (You have a medium tolerance for risk in your investments)

◯ **Aggressive** (You have a high tolerance for risk in your investments)

ACCOUNT AUTHORITY

◯ **Full Discretion** (Client grants full authority without consultation)

◯ **Partial Discretion** (Client must be contacted before execution of any transaction)

◯ **Custody** (No discretion, assets are for safekeeping and reporting only)

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?

Yes ◯ No ◯

If yes, please provide details:

ONLINE INVESTMENT SERVICES & DECLARATION

I/We hereby request that Sagicor Investment Trinidad & Tobago Limited (SITTL) extend online investment services to me/us and in consideration of SITTL doing so, I/We hereby agree to be bound by the terms and conditions published by SITTL and which are applicable to its online investment products and services. I/We further acknowledge and agree that: (a) I/We have received, read and understood the terms and conditions applicable to SITTL's online investment products and services; and (b) SITTL may amend, vary or substitute the terms and conditions applicable to its online investment products and services from time to time in its sole and absolute discretion and that any use by me/us or on my/our instruction of such online investment services after the date of publication of the amended or substituted terms and conditions on Sagicor's website www.sagicor.com, shall constitute my agreement to be bound by same.

Yes: I/We Accept The E-Investment Services ◯ No: I/We Decline The E-Investment Services ◯

ELECTRONIC COMMUNICATIONS

I/we hereby request that Sagicor (which term shall, as applicable include Sagicor Investments Trinidad & Tobago 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 ☐ SMS ☐ WhatsApp ☐ All ☐ None ☐

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.

Director	Authorised Signature	Title
Director/ Corporate Secretary	Authorised Signature	Title

Affix Company Stamp/ Seal here

Date (DD/MM/YYYY)

SPECIMENT SIGNATURES

Signing designation: Any One to sign Any Two to sign

Other (State combinations, attach if necessary) _____

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: A ◉ B ○ C ○

Signature must fit within the Signature Box

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: A ◉ B ○ C ○

Signature must fit within the Signature Box

Signature must fit within the Signature Box

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: A ◯ B ◯ C ◯

Signature must fit within the Signature Box

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: A ◯ B ◯ C ◯

FOR OFFICIAL USE ONLY				
Branch Location:			**CIF Number:**	
BRANCH VERIFICATION			**ACCOUNT MAINTENANCE UNIT**	
AGENT/CLIENT ADVISOR NUMBER	**SIGNATURE**	**DATE** (DD/MM/YYYY)	**VERIFIED BY**	
ENTERED BY	**SIGNATURE**	**DATE** (DD/MM/YYYY)	**SIGNATURE**	**DATE** (DD/MM/YYYY)

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