Sagicor

Client Information Form
Individual

eForm CIFI07-2025

PERSONAL INFORMATION

Gender: ☐ Male ☐ Female **Title:** ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Other: _____

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Minor: ☐

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:

☐ Driver's License ☐ National ID ☐ Passport ☐ Birth Certificate (minors only) ☐ Other: _____

ID No. _____

Country of Issue:	Issuing Agency:	Issue date: (dd/mm/yyyy)	Expiry Date: (dd/mm/yyyy)

Next of Kin:	Contact Number(s) (include area code):

Mother's Maiden Name:

RESIDENCY INFORMATION

☐ Jamaican Resident ☐ Non Resident (Please state country of residence): _____

Are you a US Citizen or Green Card holder? ☐ Yes ☐ 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? ☐ Yes ☐ No

Have you been present in the US for 183 days during the last 3 years? ☐ Yes ☐ No

EMPLOYMENT INFORMATION

Employment Type ☐ Employed ☐ Unemployed ☐ Self Employed ☐ Retired ☐ Student

Name of Employer:

Address of Employer:

Employer's Business:

Occupation:	Job Title:	Start date (dd/mm/yyyyy):
Tenure:	Employer's Telephone No. (include area code):	Fax Number (include area code):

FINANCIAL INFORMATION

Previous banking relationships:	Other current banking relationships:

Annual Income

☐ Up to J$500,00 ☐ J$500,001 – J$1.5m ☐ J$1.5> - J$3m ☐ J$3m> - J$4.5m ☐ J$4.5> - J$7m ☐ Over J$7m

Source of Wealth (as applicable): -select/input-

Other:

Pre-paid Card Required: ☐ No ☐ Yes

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?

☐ No ☐ Yes, Please provide details:

INTERNET BANKING & DECLARATION

I/we hereby request that Sagicor extend online banking services to me/us and in consideration of Sagicor doing so, I/we hereby agree to be bound by the terms and conditions published by Sagicor and which are applicable to its online banking products and services. I/we further acknowledge and agree that: (a) I/we have received, read and understood the terms and conditions applicable to Sagicor's on line banking products and services; and (b) Sagicor may amend, vary or substitute the terms and conditions applicable to its online 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 such online banking services after the date of the publication of the amended substituted terms and conditions on Sagicor's website www.sagicorjamaica.com, shall constitute my agreement to be bound by same.

For further information on how Sagicor may process personal information sent through this form, please visit our Privacy Notice: https://www.sagicor.com/en-JM/Privacy-Policy.

☐ Yes "I accept the e-bank services" ☐ No "I decline the e-bank services"

Note: Use additional form as required

Questions? Call toll-free 1-888-SAGICOR (724-4267)

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.

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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.

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_____	_____	_____
Account Holder's Name	Signature	Date (dd/mm/yyyy)

_____	_____	_____	_____
Witnessed by Justice of the Peace/ Notary Public/Bank Officer	Signature	Title	Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Branch:			CIF Number:	
BRANCH			**ACCOUNT MAINTENANCE UNIT**	
Employment Verified by:	Signature:	Date (dd/mm/yyyy):	Verified by:	
Entered by:	Signature:	Date (dd/mm/yyyy):	Signature:	Date: (dd/mm/yyyy)