

Branch _____

- Select one of the following:
- Limited Liability Company Partnerships Unregistered Associations
 - Registered Associations Sole Traders Charities
 - Statutory Bodies/Government

ACCOUNT INFORMATION		CIF # (For Official use only)	
ACCOUNT 1	Name of Account:		
	Mailing address (if different from CIF):		
	Product Name:	Account #:	Currency:
	Purpose:	Initial Deposit:	
	Expected Monthly Deposits:	Expected Monthly Withdrawals:	
	Source of Funding/Wealth:		
ACCOUNT INFORMATION		CIF # (For Official use only)	
ACCOUNT 2	Name of Account:		
	Mailing address (if different from CIF):		
	Product Name:	Account #:	Currency
	Purpose:	Initial Deposit:	
	Expected Monthly Deposits:	Expected Monthly Withdrawals:	
	Source of Funding/Wealth:		
ACCOUNT INFORMATION		CIF # (For Official use only)	
ACCOUNT 3	Name of Account:		
	Mailing address (if different from CIF):		
	Product Name:	Account #:	Currency:
	Purpose:	Initial Deposit:	
	Expected Monthly Deposits:	Expected Monthly Withdrawals:	
	Source of Funding/Wealth:		
CHEQUE REQUEST			
How many cheque leaves do you want per order?			
<input type="checkbox"/> 200 <input type="checkbox"/> 600			

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

DECLARATION

We hereby request that Sagicor Bank Jamaica Limited ("the Bank) open the account(s) specified above. We understand that the information provided herein is the basis for opening such account(s) and warrant that such information is accurate in all respects. In consideration of the Bank opening the said accounts, We agree to provide any documents and further information requested by the Bank on the opening of the account(s) or from time to time thereafter and to abide by the Bank's requirements and all laws and regulations concerning the said account(s). We confirm that the Terms and Conditions governing the operation of the account(s) hereby requested to be opened, have been made available to us and We have read, understood and agree to be bound by such Terms and Conditions as amended from time to time. We agree to indemnify and hold the Bank and its subsidiaries harmless in respect of any loss We may suffer as a result of my/our failure to comply with the aforementioned Terms and Conditions. I we further agree that the Bank shall be entitled to close my account forthwith if it deems the information provided herein to be insufficient or inaccurate, in the event of any breach of the aforementioned Terms and Conditions or any laws with respect to the said account(s) or for any other lawful reason whatsoever.

Name:	Job Title:	Signature:	Date (dd/mm/yyyy)
Name:	Job Title:	Signature:	Date (dd/mm/yyyy)
Name:	Job Title:	Signature:	Date (dd/mm/yyyy)
Name:	Job Title:	Signature:	Date (dd/mm/yyyy)

Witnessed by: Justice of the Peace/
Notary Public/Bank Officer

Signature

Date (dd/mm/yyyy)

SPECIMEN SIGNATURES

Signing designation: Any One to sign Any Two to sign
 Other (State combinations, attach if necessary) _____

Account Name: _____

Account Number: _____ Account Number: _____ Account Number: _____

Name of Signee:	
Job Title:	
Signing Limitations:	
Signer's Designation: <input type="checkbox"/> A <input type="checkbox"/> B	CIF Number

Signature must fit within the Signature Box

Name of Signee:	
Job Title:	
Signing Limitation:	
Signer's Designation: <input type="checkbox"/> A <input type="checkbox"/> B	CIF Number

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Signature must fit within the Signature Box

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Signing designation : Any One to Sign Any Two to Sign
 Other (State combinations, attach if necessary) _____

Account Name: _____
 Account Number: _____ Account Number: _____ Account Number: _____

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Job Title:	
Signing Limitations:	
Signer's Designation: <input type="checkbox"/> A <input type="checkbox"/> B	CIF Number

Signature must fit within the Signature Box

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Job Title:	
Signing Limitations:	
Signer's Designation: <input type="checkbox"/> A <input type="checkbox"/> B	CIF Number

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Name of Signee:	
Job Title:	
Signing Limitations:	
Signer's Designation: <input type="checkbox"/> A <input type="checkbox"/> B	CIF Number

Signature must fit within the Signature Box

Documents will be examined to confirm or determine the persons authorized to sign on behalf of the company/entity

FOR USE BY COMPANIES	
TO: SAGICOR	

Director's Signature	

Secretary's Signature	
Date: _____	

FOR PARTNERSHIPS/ASSOCIATIONS/CLUBS/ UNINCORPORATED ENTITIES	
TO: SAGICOR	

Authorised Signer	

Authorised Signer	
Date: _____	

FOR OFFICIAL USE ONLY	Entered by:	Authorised by:
	Scanned By:	Authorised by:
	Date Entered/Scanned:	Date Authorised:
	Promotion Code:	Promotion Date:

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