

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 Holder name: _____

Signature must fit within the Signature Box

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

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

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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

Signature must fit within the Signature Box

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

Signature must fit within the Signature Box

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

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: