

Client Information Form Business

eForm CIFB07-2015

BUSINESS INFORMATION								
Business Name:								
Tax Registration Number (TRN):			TIN (for US registered Companies only):					
Address:			Since (dd/mm/yyyy):					
Mailing address (if different from above):								
Previous address (If current address is less than 5 years):								
Country of Incorporation:			Sector:					
Office Number (include area code):		Fax (inc	clude area cod	e):				
E-mail Address:	1							
	CORPORATE II	NFORM	1ATION					
Is Business publicly traded in Jamaica?	□ 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)								
INFORMA	TION ON SUBS	SIDARIE	ES IN THE GRO	OUP				
Name of Subsidiary	Address			Type of Business	% Owned			
INFORM	ATION ON AFF	ILIATES	S IN THE GRO	UP				
INFORM. Name of Affiliates		ILIATES Idress	S IN THE GRO	UP Type of Business	% Owned			
			S IN THE GRO		% Owned			
			S IN THE GRO		% Owned			
			S IN THE GRO		% Owned			
Name of Affiliates	Ad	dress		Type of Business	% Owned			
Name of Affiliates DETAILS ON SHA	Ad	dress	G 10% OR MO	Type of Business	% Owned			
Name of Affiliates DETAILS ON SHA	Ad	dress	G 10% OR MO	Type of Business	% Owned			

DETAILS ON SHAREHOLDERS HOLDING 10% OR MORE SHARES (CIF to be opened for each shareholder listed)							
Name:		,					
Total Shareholding (No. of Units):		% of Shareholding:					
Name:							
Total Shareholding (No. of Units):		% of Shareholding:					
COMMER	CIAL INFORM	ATION					
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 J\$5m	□ J\$5M - J\$1	0M □ J\$10M – J\$	\$50M 🗆 over J\$50M				
Previous banking relationships:	Other curren	t banking relationship	s:				
POLITICALI	LY EXPOSED P	ERSONS					
Are any of the Directors, signatories, or their immediate family members (parents, siblings, spouse, children, & or inlaws); 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? Description:							
ELECTRONI	C COMMUNIC	CATIONS					
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 elect							

SHARING INFORMATION I understand and agree that accounts and business trans update currently held inform company's risks; (5) to satisf agree that my Customer Info companies and affiliates, wit which Sagicor does business provided herein is accurate a herein and as Sagicor may re-	actions with you (Custome nation; (3) to provide me wy information requests; and the shared with third party service provide for the purposes above an and consent to the sharing	r Information) may be use ith accurate and up-to-da d (6) to meet legal and reg thin the Company which i ders, credit bureaus and re d as may be required by la	ed (1) to confirm r te services; (4) to gulatory requirem ncludes its paren egulators in and c aw. I hereby warr	my identity; (manage and nents. I furtho t, subsidiarie outside of the ant that the	2) to augment and I assess the er understand and es, associated e jurisdictions in information		
Name	Authorised Signat	Authorised Signature			Title		
Name	Authorised Signat	Authorised Signature		Title			
Name	Authorised Signat	Authorised Signature					
Date (dd/mm/yyyy)				Affix Cor	porate Seal here		
Witnessed by Justice of the Peace/ Notary Public/Bank Officer	Signature	Title		Date	e (dd/mm/yyyy)		
	FOR	OFFICIAL USE ONLY					
Branch:	CIF Number:						
MIS Sector:			Subsector:				
	ACCOUNT MAINTENANCE UNIT						
References/Employment Verified by:	Signature:	Date(dd/mm/yyyy):	Verified by:				
Entered by:	Signature:	Date(dd/mm/yyyy):	Signature:	Da	ate(dd/mm/yyyy)		