

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 (include area code):
E-mail Address:			
CORPORATE INFORMATION			
Is Business publicly traded in Jamaica? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes Stock Exchange Symbol:	
Is Business a Part of a Group of Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Group of Companies (provide Organizational Chart):			
INFORMATION ON SUBSIDIARIES IN THE GROUP			
Name of Subsidiary	Address	Type of Business	% Owned
INFORMATION ON AFFILIATES IN THE GROUP			
Name of Affiliates	Address	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:	

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:

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 PROFILEBusiness Classification: Micro Businesses Small Businesses Medium-sized Large Corporate & Commercial

Annual Sales/Turnover:

No. of Employees:

Asset Value of the Company: Less than J\$5m J\$5M - J\$10M J\$10M – J\$50 over J\$50M

Previous Banking Relationships:

Other Current Banking Relationships:

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?

 No Yes, Please provide details _____
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.

 Select mode of communication: Email Fax Both Neither
INTERNET BANKING
 Yes "I accept the e-bank services" No "I decline the e-bank services"

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.

Name

Authorised Signature

Title

Name

Authorised Signature

Title

Name

Authorised Signature

Title

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:		
MIS Sector:		Subsector:		
BRANCH			ACCOUNT MAINTENANCE UNIT	
References/Employment Verified by:	Signature:	Date(dd/mm/yyyy):	Verified by:	
Entered by:	Signature:	Date(dd/mm/yyyy):	Signature:	Date(dd/mm/yyyy):