

## Client Information Form Business

eForm CIFB06-2016

BUSINESS INFORMATION								
Business Name:								
Tax Registration Number (TRN):	TIN (for US registered Companies only)			red 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 (in	iclude area cod	e):	:			
E-mail Address:								
CORPORATE INFORMATION								
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 Orga	anizational Char	t):						
INFORMATION ON SUBSIDARIES IN THE GROUP								
Name of Subsidiary	Address		Type of Business	% Owned				
INFORM	ATION ON AFF	ILIATE	S IN THE GRO	UP	T			
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:	a for each sharen	order notedy					
Total Shareholding (No. of Units):		% of Shareholding:					
Name:							
Total Shareholding (No. of Units):		% of Shareholding:					
COMMER	CIAL INFORMA	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\$10	0M □ J\$10M − J\$50M □ over J\$50M					
Previous banking relationships:	Other current	banking relationships:					
POLITICALL	Y EXPOSED PE	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?  □ No □ Yes, Please provide details							
ELECTRONIC	C COMMUNIC	ATIONS					
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							

update currently held inform	actions with you ( nation; (3) to provi y information requ rmation may be s th third party servi for the purposes and consent to the	Customer Infor de me with accuests; and (6) to hared within the ce providers, cabove and as me sharing and di	mation) may be use curate and up-to-date on meet legal and regule Company which in redit bureaus and reguled by la	d (1) to confirm m te services; (4) to gulatory requirement ncludes its parent egulators in and ou aw. I hereby warra	ny identity; (2) to augment and manage and assess the ents. I further understand and , subsidiaries, associated atside of the jurisdictions in ant that the information	
Name		Authorised S	iignature	Title		
Name		Authorised Signature		Title		
 Name		Authorised Signature		Title		
Date (dd/mm/yyyy)					Affix Corporate Seal here	
Witnessed by Signature Title Justice of the Peace/ Notary Public/Bank Officer				Date (dd/mm/yyyy)		
		FOR OFFI	CIAL USE ONLY			
Branch:				CIF Number:		
MIS Sector:				Subsector:		
BRANCH			ACCOUN'	T MAINTENANCE UNIT		
References/Employment Verified by:	Signature:	Da	te(dd/mm/yyyy):	Verified by:		
Entered by:	Signature:	Da	te(dd/mm/yyyy):	Signature:	Date(dd/mm/yyyy):	