

## F. ADDITIONAL INFORMATION

### For prompt processing, please provide the following documents\* with your application:

- Photo Identification (select one):
  - Passport
  - Driver's License
  - National ID
  - Voter's ID
  - Tax Registration Number (TRN):
  - Proof of Address
- Proof of income:
  - Salaried persons: last payslip
  - Commissioned persons: last 3 payslips
  - Self-employed persons: last month's Bank Statement and or Audited Financial Statements

\*Other documents may be requested as needed.

### Card Delivery Method:

- By Mail
- Branch
- Courier (at a cost)

### ONLINE BANKING

An online banking user profile will be created if you do not already have one. Please sign the below Online Banking Declaration to allow us to open a new profile, or add your card to an existing profile.

- I do have an Online Banking profile; Existing User ID: \_\_\_\_\_
- I do not have an Online Banking profile

### Online Banking Declaration:

I/We hereby authorise the Bank to use the information provided herein in creation of an Online Banking Account with the Bank's Online Banking Service, "SAGICOR ONLINE" or such other application and I/we agree to be bound by the terms and conditions published by Sagicor and which are applicable to its online banking products and services.

Cardholder Signature	Date dd/mm/yy	Additional/Joint Cardholder Signature	Date dd/mm/yy
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### I heard about Sagicor Credit Cards:

- Online
- TV/Radio
- Magazine
- Friend
- Other \_\_\_\_\_

### Declaration:

I/We, the undersigned, authorise Sagicor Bank Jamaica Limited ('the Bank'), to obtain any information as it may require concerning this application including my/our personal and financial information. I/We warrant and confirm that: (i) the information given herein is true, correct and complete; (ii) I/we understand that the information is being used to determine my/our credit worthiness and the Bank will be relying on the information in evaluating my/our application; (iii) no information, which might affect the Bank's decision to make a credit facility available, has been withheld; (iv) this application is and shall remain the property of the Bank whether or not the application is granted; (v) I/we are responsible for the use of the card; (vi) I/we shall pay all interest on the balance outstanding on the card account, charges and fees at the rate set out in the Bank's schedule of fees as the same may be amended by the Bank from time to time in its absolute discretion; (vii) I/we agree to be bound by the terms and conditions set out in the Cardholder Agreement as the same may be amended from time to time; and (viii) I/we are 18 years or older and not subject to any disability with respect to this application or maintaining a credit card. I/we hereby authorise and consent to: (a) the Bank setting-off sums due on the card account against funds standing to my/our credit with the Bank; (b) the Bank receiving and/or sharing any credit, financial or other information about me/us from or with any of its affiliates, parent company or subsidiaries whether in or outside the jurisdiction, agents, third party assignees, other financial institutions, third party service providers, credit bureaus or credit reporting agencies, regulators in and outside of the jurisdictions in which the Bank does business as may be required by law or from or with any other person or corporation with whom I/we may have or propose to have financial or other business dealings from time to time. The Bank may use the information in this application in respect of any of its present or future services permitted by law. I/We hereby indemnify the Bank against any loss, claims, damages, liabilities, actions and proceedings and legal and/or other expenses incurred by the Bank as a consequence of the disclosure of my/our credit, financial and/or other information.

Cardholder Signature	Date dd/mm/yy	Additional/Joint Cardholder Signature	Date dd/mm/yy
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### FOR INTERNAL USE ONLY

CIF:	Branch/Unit:	Referred By-Employee Name:	Employee Number:
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Officer Name:	Officer Code:	Officer Signature:
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Branch Comments:

Branch Comments:	Campaign/Promo Code:
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### CREDIT RISK USE ONLY

Approved by:	Approved by:	Credit Limit Assigned:
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### CARD OPERATIONS USE ONLY

Credit Card Number:	Keyed by:	Verified by:	Signature:
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# SAGICOR BANK CREDIT CARD APPLICATION FORM



Sagicor Bank MasterCard Credit Cards are designed to meet your needs with acceptance worldwide and more rewards on every purchase, on every card.

be inspired

### SAGICOR BANK MASTERCARD STANDARD



Use your card for everyday purchases worldwide and Be Inspired by the impressive rewards. Use your reward points for local travel excursions, hotel accommodation, investments, gift cards or cash back.

#### Benefits:

- Travel Assistance Services
- MasterTravel Insurance coverage up to US\$75,000
- MasterGlobal Services (Emergency assistance)
- 10% off Budget Rent-a-Car in US, Canada & Latin America

### SAGICOR BANK MASTERCARD GOLD



Get exceptional rewards when you shop locally and overseas, and Be Inspired by premium international benefits. Redeem rewards points for hotel, travel, investments, gift cards or cash back.

#### Benefits:

- MasterTravel Insurance coverage up to US\$250,000
- MasterRental coverage up to US\$50,000
- Travel Assistance
- MasterGlobal Services (Emergency assistance)
- 10% off Budget Rent-a-Car in US, Canada & Latin America

### SAGICOR BANK MASTERCARD PLATINUM



The ideal card for a globe trotter. Be Inspired by international travel and car rental benefits, and receive exceptional rewards. Redeem points earned for hotel, travel, investments, gift cards or cash back.

#### Benefits:

- Concierge services
- MasterTravel Insurance coverage up to US\$500,000
- MasterRental coverage up to US\$75,000
- Travel Assistance
- MasterGlobal Services (Emergency assistance)
- MasterAssist Plus
- 10% discount or upgrade at Avis car rentals in US, Europe & Latin America

## SAGICOR BANK JAMAICA LIMITED

Let's talk. Give us a call at: 1-888-SAGICOR (724-4267) or visit any branch to apply

www.sagicorjamaica.com



Sagicor Bank Visa Credit Cards are accepted worldwide with dual currency payment options (US\$/J\$).

Get amazing cash back rewards!

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### SAGICOR BANK VISA CLASSIC



Whether you are a young professional or a young couple, Be Inspired by universal acceptance, flexibility and the security that comes with having a Visa Credit Card

#### Benefits:

- Worldwide Travel Assistance Services
- Travel Accident Insurance coverage up to US\$75,000
- 24/7 Emergency Assistance
- Auto Rental Insurance Coverage in the US and Canada

### SAGICOR BANK VISA GOLD



Your Visa Gold Credit Card is the perfect companion, with global access to the good things in life, superior purchasing power and international benefits.

#### Benefits:

- Travel Accident Insurance coverage up to US\$250,000
- Worldwide Travel Assistance
- 24/7 Emergency Assistance
- Auto Rental Insurance Coverage in the Americas and Caribbean

### SAGICOR BANK VISA PLATINUM



Designed to meet your highest expectations, this card offers the premium benefits that come with a Visa Platinum Credit Card. Enjoy the power & prestige of the Visa Platinum rewards programe.

#### Benefits:

- Worldwide Concierge services
- Travel Accident Insurance coverage up to US\$500,000
- Travel Assistance Worldwide
- 24/7 Emergency Assistance
- Emergency Medical Compensation up to US\$50,000
- Worldwide Auto Rental Insurance

Please select the card you wish to apply for.  Visa  MasterCard  Standard/Classic  Gold  Platinum

### A. PERSONAL DATA - TELL US ABOUT YOURSELF

First Name:	Last Name:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	DOB dd/mm/yy	No. of Dependents:	TRN:	ID Number:	ID Type:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Country of Birth:		Country of Citizenship:		Mother's Maiden Name:	
Home Address:								
Mailing Address (if different from home address):							Residential Status: <input type="checkbox"/> Own Home <input type="checkbox"/> Rent/Board <input type="checkbox"/> Living with Parents	
Time at current address: Years/Months		If less than 2 years, time at previous address: Years/Months		Previous Address:				
Telephone Number: Home			Mobile 1		Mobile 2		Email Address:	
Educational Status: <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Collage/University <input type="checkbox"/> Post-Graduate								

### B. EMPLOYMENT INFORMATION

Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Self Employed <input type="checkbox"/> Commissioned		Job Title:	Employer/Business Name:	Employer Address:
Employer Telephone Number:	Time with Employer: Years/Months	Previous Employer:	Previous Employer Address:	

### C. FINANCIAL INFORMATION

Name of Bank/Financial Institution:			Branch:		
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Chequing	Account Number:	Sagicor Bank Card Number.:	Do you have a Sagicor Insurance Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you invest with Sagicor Investments? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Assets	Value	Liabilities/ Expenses	Monthly Payments	Balance Outstanding	Lender
Property	\$	Mortgage/Rent	\$		
Motor Vehicle	\$	Credit Card	\$		
Investments	\$	Personal Loan	\$		
Life Insurance	\$	Personal Loan	\$		
Bank Deposits	\$	Other Expenses	\$		
Other Assets	\$	Other Expenses	\$		

Annual Salary:	Other Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	Amount:	Bankrupt in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lawsuits or Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a judgement filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Politically Exposed Person (PEP) or related to a PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the immediate relative of an employee of Sagicor? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### D. ADDITIONAL/JOINT CARDHOLDER INFORMATION (Copy of ID/TRN Required)

Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	DOB dd/mm/yy	No. of Dependents:	TRN:	ID Number:	ID Type:
<i>For a Joint Applicant, complete the below:</i>						
Address:					Time at current address: Years/Months	
Telephone Number: Home		Mobile 1		Mobile 2		Email Address:
Place of Employment:			Job Title:		Employer Address:	
Annual Salary:		Tenure at Employer:		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Self Employed <input type="checkbox"/> Commissioned		

### E. REFERENCE INFORMATION (Persons not related to or living with you)

Reference 1: Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Address:				
Occupation:	Telephone Number: Home	Work	Mobile 1	Mobile 2		
Reference 2: Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Address:				
Occupation:	Telephone Number.: Home	Work	Mobile 1	Mobile 2		