Sagicor Bank

E-BANK APPLICATION INDIVIDUAL

eForm EBAI07-2019

PERSONAL DETAILS		
First Name:	Middle Name:	Last Name:
User ID: (for existing clients only)	Maiden Name:	
ID Number:	Email Address:	
Receive SMS Alerts: ☐ Yes ☐ No Receive E-mail Alerts: ☐ Yes ☐ No	Mobile No(s) (Include area code):	

SERVICE DETAILS
(CIF required for all requests)

☐ New Enrollment
- ☐ Link all Accounts – **provide CIF only** (Includes Savings, Chequing and Loan Accounts, Credit Card, Certificate of Deposit)
- ☐ Link only Accounts as specified

☐ Existing Clients
- ☐ Add Account(s) – Please specify
- ☐ Delete Account(s) – Please specify
- ☐ Merge User IDs

Existing User IDs: _____

_____

For Branch Use Only
CIF
Account Numbers

DECLARATION AND ACCEPTANCE OF e-BANK TERMS AND CONDITIONS

I/we hereby request that Sagicor Bank Jamaica Limited (SBJ) extend e-bank services to me/us and in consideration of SBJ doing so, I/we hereby agree to be bound by the terms and conditions published by SBJ and which are applicable to its e-bank products and services. I/we further acknowledge and agree that: (a) I/we have received, read and understood the terms and conditions applicable to SBJ's e-bank products and services; and (b) SBJ may amend, vary or substitute the terms and conditions applicable to its e-bank products and services from time to time in its sole and absolute discretion and that any use by me/us or on my/our instruction of such e-bank services after the date of publication of the amended or substituted terms and conditions on SBJ's website www.sagicorjamaica.com, shall constitute my agreement to be bound by same.

Sign here to verify that you agree to the Terms and Conditions.

Account Holder's Signature:		Date (dd/mm/yyyy):
Witness by:	Signature:	Date (dd/mm/yyyy):

FOR OFFICIAL USE ONLY
(Account Maintenance Unit)

Client User ID:		
Entered by:	Signature:	Date (dd/mm/yyyy):
Authorised by:	Signature:	Date (dd/mm/yyyy):