

Branch: _____

ACCOUNT INFORMATION		CIF # (For Official use only)
Name of Account Holder:		
Name of Account Holder:		
Name of Account Holder:		
ACCOUNT 1	Mailing address (if different from CIF):	
	Product Name:	Account #: Currency:
	Purpose:	Initial Deposit:
	Expected Monthly Deposits:	Expected Monthly Withdrawals:
	Source of Funding/Wealth:	
	Debit Card Required for this account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Account: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Card Number:	Requested Limit:
ACCOUNT INFORMATION		
ACCOUNT 2	Mailing address (if different from CIF):	
	Product Name:	Account #: Currency:
	Purpose:	Initial Deposit:
	Expected Monthly Deposits:	Expected Monthly Withdrawals:
	Source of Funding/Wealth:	
	Debit Card Required for this account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Account <input type="checkbox"/> Yes <input type="checkbox"/> No
	Card Number:	Requested Limit:
ACCOUNT INFORMATION		
ACCOUNT 3	Mailing address (if different from CIF):	
	Product Name:	Account #: Currency:
	Purpose:	Initial Deposit:
	Expected Monthly Deposits:	Expected Monthly Withdrawals:
	Source of Funding/Wealth:	
	Debit Card Required for this account <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Account <input type="checkbox"/> Yes <input type="checkbox"/> No
	Card Number:	Requested Limit:

INTERNET BANKING & DECLARATION

"I accept" ebank services"

I/we hereby request that Sagicor extend on-line banking services to me/us and in consideration of Sagicor doing so, I/we hereby agree to be bound by the terms and conditions published by Sagicor and which are applicable to its on-line banking products and services. I/we further acknowledge and agree that: (a) I/we have received, read and understood the terms and conditions applicable to Sagicor's on-line banking products and services; and (b) Sagicor may amend, vary or substitute the terms and conditions applicable to its on-line 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 online banking services after the date of publication of the amended or substituted terms and conditions on Sagicor's website www.sagicorjamaica.com, shall constitute my agreement to be bound by same.

"I decline" ebank services"

DECLARATION

I/We hereby request that Sagicor Bank Jamaica Limited ("the Bank) open the account(s) specified above in my/our names. I/We understand that the information provided herein is the basis for opening such account(s) and I/we warrant that such information is accurate in all respects. In consideration of the Bank opening the said accounts, I/We agree to provide any documents and further information requested by the Bank on the opening of the account(s) or from time to time thereafter and to abide by the Bank's requirements and all laws and regulations concerning the said account(s). I/We confirm that the Terms and Conditions governing the operation of the account(s) hereby requested to be opened, have been made available to me/us and I/we have read, understood and agree to be bound by such Terms and Conditions as amended from time to time. I/we agree to indemnify and hold the Bank, its employees, directors and its affiliated companies harmless in respect of any loss I/we may suffer as a result of my/our failure to comply with the aforementioned Terms and Conditions. I/we further agree that the Bank shall be entitled to close my account forthwith if it deems the information provided herein to be insufficient or inaccurate, in the event of any breach of the aforementioned Terms and Conditions or any laws with respect to the said account(s) or for any other lawful reason whatsoever.

I/we hereby agree that where an Account is a joint account, each of the Account Holders has full power to act alone in all matters related to the account including the provision of indemnities in relation to lost cheques and the Bank is hereby authorised and shall not be held liable for accepting deposits to the account, moneys and items, and/or for paying out, or refusing to effect payment of moneys from the account, on the instructions of any one or some only of the Account Holders during their lifetime or on the instructions of any survivor or survivors of the Account Holders or of the personal representative of the last surviving Account Holder. I/we confirm that the signatures appearing below are my/our signatures and may be acted upon by the Bank with respect to any transaction requiring my/our signature or any document or negotiable instrument bearing my/our said signature.

Account Holder's Name:	Account Holder's Name:
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Signature must fit within the Signature Box

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Account Holder's Name:	Account Holder's Name:
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Signature must fit within the Signature Box

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 Witnessed by: Justice of the Peace/
 Notary Public/Bank Officer

 Signature

 Date (dd/mm/yyyy)

For Official Use Only	Entered by:	Authorised by:
	Scanned By:	Authorised by:
	Date Entered/Scanned:	Date Authorised:
	Promotion Code:	Promotion Date: