

Account Opening Form



Select your product(s) and agree to the Terms and Conditions

Customer Type Individual Corporate Non-Corporate
 Account Type Individual Account Joint Account (owned by two or more persons)

Name of Account Holders/Legal Entity Name

CIF # Official Use Only

1.	
2.	
3.	
4.	
5.	

Account Mailing Address (If different from CIF Correspondence Address)

Street Address: _____
 Parish: _____ City _____ Country: _____ Zip/Postal Code: _____

Account Type

Chequing Savings Certificate Of Deposit 'A' Account (US\$) (only foreign residents are eligible for "A" Accounts)

FX Trades

Product Name	Account Name:	Account No.	Currency
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Source of Account Funding and Amount

Initial Source of Funds :	Amount \$:
Expected monthly activity on account(s)	Source of funding for account(s)
1. Deposits	Withdrawals
2. Deposits	Withdrawals
3. Deposits	Withdrawals
4. Deposits	Withdrawals
5. Deposits	Withdrawals
6. Deposits	Withdrawals

Cheque Request

Which Type Of Cheque Book Style Do You Prefer?
 With Stubs Without Stubs

How Many Cheque Leaves Do You Want Per Order?
 100 300 600

Name(s) on Leaves _____
 Address on Leaves _____

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Third Party Determination

Will this account be used to conduct business on behalf of someone other than the named applicants? Yes No
 IF YES, please state person _____

Credit Application

Credit Facilities (Credit approval required. You will be required to complete a Personal Financial Statement)

Overdraft Line of Credit Motor Vehicle Loan Home Equity Loan Personal Loan Other _____
 Overdraft Protection

Which account should be linked? **Chequing A/C no** _____ **Savings A/C no** _____

Unclear effects facility

How much would you like to borrow?

What type of security will you provide?

Purpose of Loan:

Tenure of Loan:

Credit Reporting Notice

In providing banking services to our customers, Sagicor Bank Jamaica Limited ("the Bank") may request or disclose credit information about its customers from/to licensed credit bureaus in accordance with the Credit Reporting Act. By signing this form, you consent to the Bank requesting your credit information from licensed credit bureaus and to the use of your credit information in order to provide banking services to you and to update existing credit information maintained by the Bank.

Internet Banking

View only

View and Transact

I/we hereby request that the Bank enroll me/us for internet banking services and in consideration of the Bank doing so, I/we hereby agree to abide by the Terms and Conditions with respect to my/our account(s) as the same may be amended from time to time and any security policies and terms of use with respect to the Bank's internet banking services and any websites operated by the bank to which I/we have been granted access. In the event of any breach of the aforementioned Terms and Conditions or any security policies or terms of use with respect to the Bank's internet banking services or any website operated by the Bank, I/we hereby agree that the Bank may withdraw its internet banking services and/or close my/our account(s).

Declaration

I/We hereby request that Sagicor Bank Jamaica Limited ("the Bank") open the account(s) specified above. I/We understand that the information provided herein is the basis for opening such account(s) and 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 and its subsidiaries 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.

Name _____ Authorized Signature _____ Title _____ Date: (DD/MM/YYYY) _____

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Name _____ Authorized Signature _____ Title _____ Date: (DD/MM/YYYY) _____

Name _____ Authorized Signature _____ Title _____ Date: (DD/MM/YYYY) _____

Witnessed by _____ Authorized Signature _____ Title _____ Date: (DD/MM/YYYY) _____

*Justice of the Peace/Notary Public/
Customer Service Rep*

For Official Use Only	Account#	Branch:	
	Entered By:	Authorized by:	
	Date Received (DD/MM/YYYY)	Date Entered (DD/MM/YYYY)	Date Authorized (DD/MM/YYYY)
	Promotion code:	Promotion date:	