

Branch _____

- Select one of the following:
- Limited Liability Company Partnerships Unregistered Associations
 - Registered Associations Sole Traders Charities
 - Statutory Bodies/Government

LEGAL ENTITY NAME				CIF # Official use only	
ACCOUNT MAILING ADDRESS (If different from CIF mailing address)					
Street Address:					
INVESTMENT PRODUCTS & SERVICES					
<input type="checkbox"/> SIMA <input type="checkbox"/> Repurchase Agreement <input type="checkbox"/> GOJ Instruments <input type="checkbox"/> Stockbrokerage <input type="checkbox"/> Structured Products <input type="checkbox"/> Other _____					
SIMA Account No.	Currency	Expected Monthly Activity		Source of Funding / Wealth for Accounts	
		Deposits	Withdrawals		
1.					
2.					
3.					
4.					
5.					
Initial Source of Funds:				Amount \$	
INVESTMENT OBJECTIVE					
<input type="checkbox"/> Appreciation <input type="checkbox"/> Income <input type="checkbox"/> Major Purchase <input type="checkbox"/> Other _____					
RISK PREFERENCE					
(Identify your willingness and ability to assume risk)					
<input type="checkbox"/> Conservative (You have a low tolerance for risk in your investments) <input type="checkbox"/> Moderate (You have a medium tolerance for risk in your investments) <input type="checkbox"/> Aggressive (You have a high tolerance for risk in your investments)					
ACCOUNT AUTHORITY					
<input type="checkbox"/> Full Discretion (Client grants full authority without consultation) <input type="checkbox"/> Partial Discretion (Client must be contacted before execution of any transaction) <input type="checkbox"/> Custody (No discretion, assets are for safekeeping and reporting only)					

ONLINE 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/our agreement to be bound by same.

DECLARATION

I/We hereby request that Sagicor Investments Jamaica Limited (SIJL) open the account(s)/contract(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 SIJL opening the said accounts, I/We agree to provide any documents and further information requested by SIJL on the opening of the account(s)/contract(s) or from time to time thereafter and to abide by SIJL 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)/contracts(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 SIJL shall be entitled to close my/our 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)/contract(s) or for any other lawful reason whatsoever.

Name Title Authorised Signature Date (dd/mm/yyyy)

Name Title Authorised Signature Date (dd/mm/yyyy)

Name Title Authorised Signature Date (dd/mm/yyyy)

Witnessed by: Justice of the Peace/
Notary Public/Bank Officer Signature Date (dd/mm/yyyy)

SPECIMEN SIGNATURES

Signing designation: Any One to sign Any Two to sign

Other (State combinations, attach if necessary) _____

(Cross out boxes not used)

Signature must fit within the Signature Box

Name of Signee
Job Title
Signing Limitations
Signer's Designation <input type="checkbox"/> A <input type="checkbox"/> B

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Job Title
Signing Limitations
Signer's Designation <input type="checkbox"/> A <input type="checkbox"/> B

Signature must fit within the Signature Box

Name of Signee
Official Designation
Signing Limitations
Signer's Designation <input type="checkbox"/> A <input type="checkbox"/> B

Signature must fit within the Signature Box

Name of Signee
Official Designation
Signing Limitations
Signer's Designation <input type="checkbox"/> A <input type="checkbox"/> B

Signing designation: Any One to sign Any Two to sign

Other (State combinations, attach if necessary) _____

Account Holder name: _____

(Cross out boxes not used)

Name of Signee
Job Title
Signing Limitations
Signer's Designation <input type="checkbox"/> A <input type="checkbox"/> B

Signature must fit within the Signature Box

Name of Signee
Job Title
Signing Limitations
Signer's Designation <input type="checkbox"/> A <input type="checkbox"/> B

Signature must fit within the Signature Box

Name of Signee
Job Title
Signing Limitations
Signer's Designation <input type="checkbox"/> A <input type="checkbox"/> B

Signature must fit within the Signature Box

Documents will be examined to confirm or determine the persons authorised to sign on behalf of the company/entity

FOR USE BY COMPANIES
TO: SAGICOR

Director's Signature

FOR PARTNERSHIPS/ASSOCIATIONS/CLUBS/ UNINCORPORATED ENTITIES
TO: SAGICOR

Authorised Signer

For Official Use Only	Entered By:	Authorised By:	Date (dd/mm/yyyy):
	Scanned By:	Authorised By:	Date (dd/mm/yyyy):
	Promotion Code:	Promotion Date (dd/mm/yyyy):	