

Customer Information Form

Please print in **CAPITAL LETTERS** and use **BLACK OR BLUE INK**.



Applicant: Individual Corporate Bank

Update New

Applicant Data

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	
<input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Minor		<input type="checkbox"/> Legal Guardian Name of Legal Guardian: _____	
First Name:		Middle Name:	Last Name:
Trading Name:			
Legal Entity Name (If Different)			
Tax Registration Number (TRN)		Tax Identification Number (TIN) Type:	TIN Number
		<input type="checkbox"/> Social Security <input type="checkbox"/> Individual Taxpayer ID <input type="checkbox"/> Employer ID	
Business/Home Address (include Postal Code if applicable)		Country	Since (Dd/Mm/Yyyy)
Previous Address if Business/Home address is less than 5 years		Country	
Mailing Address if different from above (include Postal Code if applicable)		Country	
Country of Incorporation		Sector	
Land Line Number (Include area code)		Fax (Include area code)	
Cellular Phone (Include area code)		Alternate Cellular Phone (Include area code)	
E-mail Address		Alternate Email Address	
Website Address			

Identification Information (for Individuals Only)

Date of Birth (dd/mm/yyyy)		Country of Birth	Country of Citizenship
Nationality			
Choose one form of identification and enter the ID Number.			
<input type="checkbox"/> Driver's Licence		<input type="checkbox"/> National ID #	<input type="checkbox"/> Passport #
<input type="checkbox"/> Birth Certificate (Minors Only)			
ID Type No.		ID Country Of Issue	ID Expiry Date (dd/mm/yyyy)
<input type="checkbox"/> Jamaican Resident		<input type="checkbox"/> Non Resident	Please State Country Of Residency If Non Resident: _____
Resident Country Since What Date (dd/mm/yyyy)			
Are you a US Citizen or Green Card holder? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status:		<input type="checkbox"/> Married	<input type="checkbox"/> Single
		<input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Divorced
Next of Kin		Relationship	Contact No. (Include Area Code)
Mother's Maiden Name			

Reference Details (For Individuals Only)

Referee 1: <input type="checkbox"/> Letter <input type="checkbox"/> Telephone		Referee 2: <input type="checkbox"/> Letter <input type="checkbox"/> Telephone	
Name:		Name:	
Address:		Address:	
Telephone No:		Telephone No:	
How Long Known:		How Long Known:	
Referee Type:		Referee Type:	
Verification Comment:		Verification Comment:	

Referee Type: Applicant's Employer for 1 year (CEO of Company or HR Manager), Army Officer (Rank of Major or above), Current customer (2 years), Sagicor Management team or Board of Directors, Financial Institution Manager, Police Officer (Rank of Deputy Superintendent of Police and above), Elected Representative (Mayor, MP, Member of Senate), Attorney-at-Law, Notary Public, Justice of the Peace, Clerk of Court, Consular Officer – High Commissioner/Ambassador, Judge (Resident Magistrate and above), Marriage Officer/Civil Registrar.

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Employment Information (For Individuals Only)

Employment Type:			
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
Name of Employer:			
Address of Employer:		Country:	
Type of Business:		Occupation:	
Designation / Job Title:	Designation Since (dd/mm/yyyy)	Tenure (No of Years)	
Employer Landline: (Include Area Code)	Employer Mobile: (Include Area Code)	Fax Number (Include Area Code)	
Employment Email Address:			
Previous and Other Banking Relationships:		Other Current Banking Relationships:	
<p>Politically Exposed Persons: Are any of the account holders, signatories, or their immediate family members (parents, siblings, spouse, children, & or in-laws); a current or former senior official in the military, executive, legislative or administrative arms of government, or judiciary of your country of residence or a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by your country of residence or a foreign government?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, Please provide details: _____</p>			
Annual Income (Individuals only)			
<input type="checkbox"/> Up to J\$500,000	<input type="checkbox"/> J\$500,001- J\$1.5 Million	<input type="checkbox"/> J\$1,5,00,001-J\$3 Million	<input type="checkbox"/> J\$3,000,001-J\$4.5 Million
<input type="checkbox"/> J\$4,500,001-J\$7 Million	<input type="checkbox"/> Over J\$7 Million		

► SHARING INFORMATION

I understand and agree that the information I provide in this form and from time to time, including information regarding my accounts and business transactions with you (Customer Information) may be used (1) to confirm my identity; (2) to augment and update currently held information; (3) to provide me with accurate and up-to-date services; (4) to manage and assess the company's risks; (5) to satisfy information requests; and (6) to meet legal and regulatory requirements. I further understand and agree that my Customer Information may be shared within the Company which includes its parent, subsidiaries, associated companies and affiliates, with third party service providers, credit bureaus and regulators in and outside of the jurisdictions in which Sagicor does business for the purposes above and as may be required by law. I hereby warrant that the information provided herein is accurate and consent to the sharing and disclosure of my Customer Information for the purposes provided herein and as Sagicor may require from time to time.

_____ Name	_____ Authorized Signature	_____ Title	_____ DATE: (DD/MM/YYYY)
_____ Name	_____ Authorized Signature	_____ Title	_____ Date: (DD/MM/YYYY)
_____ Name	_____ Authorized Signature	_____ Title	_____ Date: (DD/MM/YYYY)
_____ Witnessed by <i>Justice of the Peace/Notary Public/ Customer Service Rep</i>	_____ Authorized Signature	_____ Title	_____ Date: (DD/MM/YYYY)

**For Official
Use Only**

CIF# _____	Branch: _____
Entered By: _____	Authorized by: _____
MIS Sector: _____	Subsector: _____
Two references received <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ Date Received (DD/MM/YYYY)	_____ Date Entered (DD/MM/YYYY)
_____ Date Authorized (DD/MM/YYYY)	