

BUSINESS INFORMATION					
Business Name:					
Tax Identification Number (or Equivalent):					
Registered Office Address: (including street name & number) Sin			d/mm/yyyy)	Business Type:	
Physical Address of Business Operations:(if different from above)					
Mailing address, include P.O.Box (if different from above):					
Country of Incorporation:	Incorporation No:			Date of Incorporation: (dd/mm/yyyy)	
Office Number (include area code):			Fax (include area code):		
E-mail Address:					
CORPORATE INFORMATION					
Is Business publicly traded? □ Yes □ No If Yes, Where:				Stock Exchange Symbol:	
Is Business a Part of a Group of Companies? □Yes □ No					
Name of Group of Companies (provide Organizational Chart):					

## INFORMATION ON SUBSIDARIES IN THE GROUP

Address	Type of Business	% Owned
	Address	Address     Type of Business       Image: State of Business     Image: State of Business

### INFORMATION ON AFFILIATES IN THE GROUP

Name	Country/Location	Type(s) of Business	% Owned	
	COMMERCIAL INFORMA	TION		
Line/s of Business: (e.g. Type of products/services)				
Description of Business: (Market Share/Size)				
Name of Major Suppliers:				
Name of Major Customers:				
FINANCIAL PROFILE				
Business Classification:   Micro  Small  Medium-sized  Large Corporate & Commercial				
Annual Sales/Turnover:		No. of Employees	:	
Asset Value of the Company: D Les	s than US\$1M □ US\$1M - US\$	5M 🛛 US\$5M – US\$10	□ over US\$10M	
Previous Banking Relationships:				
Other Current Banking Relationships:				

# Corporate CIF

Owner/Shareholder & Ownership %	Signing Officer
Name:	
Telephone Number (incl. area code):	
Email Address:	
Physical Address	
Date of Birth:	
Place of Birth:	
ID No. & Place of Issue:	
Issue Date (dd/mm/yyyy)	
Expiry Date (dd/mm/yyyy):	
Name of Employer	
Address of Employer	
Job Title	
Are you a PEP?	
Are you the family member of a PEP?	🗆 No 🖂 Yes
Are you affiliated with or employed by a	a stock exchange or member firm of an exchange or a securities
broker-dealer? □ No □ Yes	
Owner/Shareholder & Ownership %	Signing Officer
Name:	
Telephone Number (incl. area code):	
Email Address:	
Physical Address	
Date of Birth:	
Place of Birth:	
ID No. & Place of Issue:	
Issue Date (dd/mm/yyyy)	
Expiry Date (dd/mm/yyyy):	
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ID No. & Place of Issue:	
Issue Date (dd/mm/yyyy)	
Expiry Date (dd/mm/yyyy):	
Name of Employer	
Address of Employer	
Job Title	
Job Title Are you a PEP?	
Job Title	□ No □ Yes
Job Title         Are you a PEP?       □ No       □ Yes         Are you the family member of a PEP?	□ No □ Yes a stock exchange or member firm of an exchange or a securities
Job Title         Are you a PEP?       □ No       □ Yes         Are you the family member of a PEP?	
Job Title Are you a PEP? □ No □ Yes Are you the family member of a PEP? Are you affiliated with or employed by a broker-dealer? □ No □ Yes	
Job Title Are you a PEP? □ No □ Yes Are you the family member of a PEP? Are you affiliated with or employed by a broker-dealer? □ No □ Yes [Please see below for the definition of The Cayman Islands Anti-Money Launderin	a stock exchange or member firm of an exchange or a securities

a director, a deputy director and a member of the board or equivalent functions.

corporation, and important political party official; member of senior management of international organizations such as

### **ELECTRONIC COMMUNICATIONS**

I/We hereby request that Sagicor Investments (Cayman) Limited (hereinafter called "Sagicor" or "SICL") accept instructions and communications from me/us by facsimile and electronic mail and in consideration of Sagicor doing so I/we hereby agree as follows: (a) that Sagicor may (in its discretion) act on electronic communications made by me/us from time to time and I/we voluntarily and with full knowledge take and assume any and all risks associated therewith; (b) that once electronic communications are sent to Sagicor by me/us, Sagicor shall have no obligation to check or verify the authenticity or accuracy of electronic communications purporting to have been sent by me/us save and except that they have originated from the electronic mail address, facsimile or telephone number provided by me/us to Sagicor and Sagicor may act thereon as if same had been duly given by me/us; (c) that in acting on such electronic communications, Sagicor shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such electronic communications may have been initiated, sent or otherwise communicated in error or fraudulently, and I/we shall be bound by such instructions on which Sagicor may act, if Sagicor has in good faith acted in the belief that such electronic instructions were given by me/us; (d) that Sagicor may, in its absolute discretion, decline to act on or in accordance with the whole or any part of an electronic communication pending further enquiry or further confirmation (whether written or otherwise) by me/us, so however that Sagicor shall not be under any obligation to so decline in any case, and Sagicor shall in no event or circumstances be liable in any respect for not so declining; (e) that communications sent by electronic means can sometimes only be carried out during the normal business hours of Sagicor; (f) that Sagicor will not be required to act on electronic communications unless they are sent from an electronic mail address, facsimile or telephone number previously notified to Sagicor and (g) to release Sagicor from and indemnify Sagicor against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to Sagicor having acted in accordance with the whole or any part of any electronic communication or having exercised (or failed to exercise) the discretion conferred upon Sagicor hereunder.

Select mode of communication: Email 
Fax 
Both 
Neither

#### **ON-LINE SERVICES AND PRODUCTS**

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

Yes "I accept the on-line services and products"

□ No "I decline the on-line services and products"

Authorized Signatures:					
Name		Director Signature	Date (dd/mm/yyyy Date (dd/mm/yyyy	Affix Corporate Seal here (if applicable)	
Witnessed by Justice of the Peace/ Notary Public /SICL Officer	Signature	Title	 D	ate (dd/mm/yyyy)	
FOR OFFICIAL USE ONLY					
Inputter Name & Signature Authorizer Name & Signatu			CIF Number:		
Industry Code:			Subsector Code:		
BRANCH			ACCOUNT MAINTENANCE UNIT		
References/Employment Verified by:	Signature:	Date(dd/mm/yyyy)	Verified by:		
Entered by:	Signature:	Date(dd/mm/yyyy):	Signature:	Date(dd/mm/yyyy):	
Authorized Signature:		Date(dd/mm/yyyy):	Signature:	Date(dd/mm/yyyy):	