

BUSINESS INFORMATION

Business Name:

Tax Identification Number (or Equivalent):

Registered Office Address: (including street name & number)

Since (dd/mm/yyyy)

Business Type:
-select-

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 SUBSIDIARIES IN THE GROUP

Name of Subsidiary	Address	Type of Business	% Owned

INFORMATION ON AFFILIATES IN THE GROUP

Name	Country/Location	Type(s) of Business	% Owned

PURPOSE OF YOUR ORGANIZATION

☐ An operating business formed to offer goods or services to customers that was not formed for the purpose of trading or holding financial assets. Please select this option only for actual businesses, such as manufacturers, restaurants, oil companies, etc.

☐ A personal or family investment vehicle beneficially owned by a single person or by a group of close family members who created the organization for the purpose of making financial investments for the owner and/or the owner close family.

☐ A closely-held proprietary trading company (or corporation or similar vehicle) created for the purpose of trading the company's proprietary capital. This includes any corporation or LLC the members contribute their own capital to the LLC and the profits belong to the company.

☐ A financial institution (bank, broker-dealer, etc) that will be trading for its own account.

Does the personal or family investment vehicle have a professional third party administrator or corporate services provider? ☐ No ☐ Yes. If Yes, please provide details on:

▪ Company Information:

▪ Contact person Information:

COMMERCIAL INFORMATION

Line/s of Business:
(e.g. Type of products/services)

Description of Business:
(Market Share)

FINANCIAL PROFILE

Business Classification: ☐ Micro ☐ Small ☐ Medium-sized ☐ Large Corporate & Commercial

Annual Sales/Turnover: -select- No. of Employees: -select-

Asset Value of the Company: ☐ Less than US\$1M ☐ US\$1M - US\$5M ☐ US\$5M – US\$10 ☐ over US\$10M

Previous Banking Relationships:

Other Current Banking Relationships:

1 of 3

☐ Owner/Shareholder & Ownership % _____

☐ Signing Officer

☐ Director

☐ Senior Manager

☐ Secretary

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?

☐ No ☐ Yes

Are you the family member of a PEP?

☐ No ☐ Yes

Are you affiliated with or employed by a stock exchange or member firm of an exchange or a securities broker-dealer?

☐ No ☐ Yes

☐ Owner/Shareholder & Ownership % _____

☐ Signing Officer

☐ Director

☐ Senior Manager

☐ Secretary

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☐ No ☐ Yes

[Please see below for the definition of a Politically Exposed Person (PEP)]

The Cayman Islands Anti-Money Laundering Regulations (2018) defines Politically Exposed Person (PEPs) as a person who is or has been entrusted with prominent public functions domestically, by a foreign country or by an international organization. Examples: Head of State or of government, senior politician, senior government, judicial or military official, senior executive of a state owned corporation, and important political party official; member of senior management of international organizations such as a director, a deputy director and a member of the board or equivalent functions.

Note: An individual CIF must be opened for Share Ownership greater than 10%.

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: <table><tr><td> Name </td><td> Director Signature </td><td> Date (dd/mm/yyyy) </td><td colspan="2" rowspan="2"> Affix Corporate Seal here (if applicable) </td></tr><tr><td> Name </td><td> Director/Secretary Signature </td><td> Date (dd/mm/yyyy) </td></tr></table> <table><tr><td> Witnessed by Justice of the Peace/ Notary Public /SICL Officer </td><td> Signature </td><td> Title </td><td colspan="2"> Date (dd/mm/yyyy) </td></tr></table>					Name	Director Signature	Date (dd/mm/yyyy)	Affix Corporate Seal here (if applicable)		Name	Director/Secretary Signature	Date (dd/mm/yyyy)	Witnessed by Justice of the Peace/ Notary Public /SICL Officer	Signature	Title	Date (dd/mm/yyyy)	
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FOR OFFICIAL USE ONLY																	
Inputter Name & Signature: Authorizer Name & Signature:			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):													
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