



SAGICOR GENERAL INSURANCE INC.

DECLARATION OF SOURCE OF FUNDS

Branch <input type="text"/>		Date <input type="text"/>	
Name of Customer/ Company <input type="text"/>		Type of Transaction <input type="text"/>	
Address <input type="text"/>		Currency <input type="text"/>	Amount <input type="text"/>
Personal Identification (One Only)		Deposit to Account Number <input type="text"/>	
Identification Card No: <input type="text"/>	Driver's Licence No: <input type="text"/>	Passport No: <input type="text"/>	STATUS <input type="text"/>
Telephone Number <input type="text"/>		Nationality <input type="text"/>	Date of Birth <input type="text"/>
		Use Drop Arrow	

I declare that the source of funds is:-

By reason of the requirements of the Dangerous Drugs Act. 1991, the Company's policy requires it to be satisfied as to the source of funds before accepting deposits of funds for transfer or for the purchase of any other currency or instrument. Consent is hereby given to the

to disclose its information to law.

Transaction Taken By

Customer's Signature

Authorising Official's Signature

OFFICIAL USE ONLY

Transaction accepted

Transaction Declined
Customer's explanations
Refused or unreasonable

Customer's refusal
to sign form

Other (Explain
on Reverse)