

**MINISTRY OF FINANCE AND PLANNING  
SAGICOR MONTHLY SUMMARY FORM  
FOR MONTH ENDING \_\_\_\_\_ 20 \_\_\_\_\_**

NAME OF ENTITY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

JOB TITLE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

NAMES ADDITIONS		NAMES CANCELLATIONS	
INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
TRANSFERS			
PLAN			
NAMES	FROM	TO	DATE DD/MM/YY

TRANSFERS			
GROUP (AGENCY/DEPT/MINISTRY)			
NAMES	FROM	TO	DATE DD/MM/YY

SUBSCRIBER INFORMATION		INDIVIDUAL PLAN	FAMILY PLAN
NO. OF SUBSCRIBERS PREVIOUS MONTH			
<b>ADJUSTMENTS</b>			
ADDITIONS			
CANCELLATIONS			
TRANSFERS (GROUP)			
TRANSFERS (PLAN)			
TOTAL SUBSCRIBERS CURRENT MONTH			
RATES			
TOTALS			

REMARKS: \_\_\_\_\_

PAYMENT INFORMATION	
BANK NAME	
CHEQUE NUMBER	
DATE	
AMOUNT	
PRINCIPAL FINANCE OFFICER/BURSAR/FINANCIAL CONTROLLER/ACCOUNTANT	

Please return completed form to: Director, Public Accounts, Ministry of Finance & Planning, 30 National Heroes Circle, Kgn 4.

Email address: [geasomof@mof.gov.jm](mailto:geasomof@mof.gov.jm) Tel. No: 932-4724-5 Fax No: 922-7097 or 932-5978

Copy to: Sagicor Life Ja. Ltd.

MOFP SMS Form Oct 2012

Please return completed form to: **Director, Public Accounts, Ministry of Finance & Planning, 30 National Heroes Circle, Kgn 4.**  
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