



CIF #1 _____ CIF#2 _____

This Indemnity is made on the _____ day of _____ 20 _____ by

Name of Accountholder

Address

In favour of The Victoria Mutual Building Society (the "Society") with its chief office located at 8-10 Duke Street, Kingston.

Whereas: The Accountholder(s) is/are desirous of providing Instructions to the Society by using Electronic Communication;

And whereas: The Society has agreed to accept Instructions issued by the Accountholder(s) by Electronic Communication, upon the Accountholder(s) agreeing to be bound by the terms and conditions contained herein.

IT IS HEREBY AGREED THAT:

1. "Electronic Communication" means communication by way of facsimile and/or electronic mail whether encoded for security purpose or not and any other means as agreed between the parties.
2. "Instructions" include, but are not limited to the written authorizations and directions:
 - a) To provide account and transaction information
 - b) Conversion of funds from one currency to another and other types of foreign currency transactions offered by the Society
 - c) Transfer of funds between my accounts and/or the payment of funds to a designated payee
 - d) All other transactions and request issued by the Accountholder(s)
3. If I use e-mail or facsimile to communicate with the Society, I authorize the Society to reply to me by e-mail or facsimile. This includes sending my confidential information to me at my request. The Society will not be required to act on any instructions or communication sent by e-mail or facsimile unless they are sent from an e-mail address or facsimile that I have designated for electronic communication. For all companies, electronic communication must include a written request that bears the name of the company as well as the name and signature of my authorized signatories.
4. I understand that cell phones and Internet e-mail are not secure means of communication and that the Society does not use encryption or digital signatures for incoming or outgoing e-mail. I also understand that the Society recommends that Members not use cell phones or e-mails for any confidential purposes or share their internet access with others. If I nonetheless choose to do so, I assume full responsibility for the risks of doing so. These risks include the possibility that:
 - a) someone could intercept, read, transmit or alter our messages;
 - b) e-mail messages could be lost, delivered late, or not received;
 - c) computer viruses could be spread by e-mail causing damage to computers, software or data. The Society recommends that all Members use up-to-date virus checking software.



5. The Society may act on instructions and information received via Electronic Communications, purporting to be from me /us - accountholder(s) as if I had given such instructions or information in writing, until the Society has received notice to the contrary.
6. I/We agree to indemnify and hold the Society, its agents and employees harmless upon demand in respect of all claims, liabilities, losses, damages, costs and expenses whatsoever which may be incurred by or asserted against the Society, its agents and employees in connection with or arising directly or indirectly from any action taken in accordance with the Instructions received by Electronic Communications from me / us.

The Accountholders(s) further agree(s) that the Society shall not be liable for acting on the Instructions received which may not have been authorized by the Accountholder(s) and the Instructions may have been misinterpreted or the Society may have made errors, omission, or for any delay in the compliance with the Instructions. Further, the Society shall not be required to verify any instructions received prior to taking steps to carry into effect the Instructions.

Email Address and/or Facsimile Number
1.
2.
3.

7. This Indemnity shall be governed and construed in accordance with the laws of Jamaica.

Yours faithfully,

Name of Accountholder

Signature

Name of Accountholder

Signature

In the presence of:

- Justice of the Peace Attorney-at-law Notary Public Commissioner of Oaths VM Authorized Officer*

Name of Witness/Verifier

Signature of Witness/Verifier

Affix seal /stamp of office here

Officer Confirming Form with Member: _____

Information Keyed By: _____ Changes Confirmed By: _____

**The Authorized VM Officer is an officer at the level of Assistant Supervisor or above and has been appointed Checking Clerk Status.*

Completing the Authority & Indemnity for Instructions issued by Electronic Communication



This Indemnity is made on the.....:	The date on which the form is completed
Name of Account Holder:	The name of the account holder completing the form
Address:	The address of the account holder completing the form
Email Address and/or Facsimile Number:	The email address and/or facsimile number of the account holder completing the form
<u>Executed by:</u>	
Name of Accountholder:	The First Name, Middle Initial and Last Name of the account holder
Signature:	The signature of the account holder
Name of Accountholder:	The First Name, Middle Initial and Last Name of the account holder
Signature:	The signature of the account holder
<u>In the presence of:</u>	
A mark should be made in one of the following boxes that describes the identifier's authority to make the certification.	
<input type="checkbox"/> Justice of the Peace <input type="checkbox"/> Attorney -at-law <input type="checkbox"/> Notary Public <input type="checkbox"/> Commissioner of Oaths <input type="checkbox"/> VM Authorized Officer	
Name of Witness:	The First Name, Middle Initial and Last Name of a Justice of the Peace, Attorney-at-law, Notary Public, Commissioner of Oaths or VM Officer at the level of Assistant Supervisor and above.
Signature of Witness:	The signature of a Justice of the Peace, Attorney-at-law, Notary Public, Commissioner of Oaths or VM Officer at the level Assistant Supervisor and above.
Officer Confirming Form with Member:	The name and signature of Officer confirming the Form with the Member. (To be completed if the form was received via Mail or Bearer).
Information Keyed By:	The signature of Officer updating the Member information and account records.
Changes Confirmed By:	The signature of the Officer verifying the changes to the Member information and account records.