

# Electronic Communication Indemnity Form

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. "Account" means any term or deposit account opened by an Accountholder with the Society.
2. "Banking Transactions" means an activity executed in relation to or interaction with an Account, including without limitation:
  - a. provision of Account information, including Banking Transaction history;
  - b. conversion of funds from one currency to another and other dealings in foreign currency;
  - c. transfer of funds from one Account to another Account or to an account held at another financial institution;
  - d. payment of funds to a designated payee
3. "Electronic Communication" means communication by way of facsimile and/or electronic mail whether encoded for security purpose or not, and includes telecommunication through internet-based platforms, including in the form of video conferencing technology to facilitate face to face interactions and any other means as agreed between the parties.
4. "Instructions" include, but are not limited to authorizations and directions to conduct Banking Transactions on an account, including via video conferencing facilities issued by the Accountholder(s)
5. If I use Electronic Communication to contact the Society or give the Society Instructions, I authorize the Society to reply to me via any means of Electronic Communication that may be established by the Society from time to time. This includes sending my confidential information to me at my request. The Society will not be required to act on any Instructions sent by Electronic Communication unless they are sent from an e-mail address or facsimile number, or other personally identifiable address or device that I have designated for electronic communication. If I am a company, I acknowledge that 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.
6. I understand that telecommunication and communication through internet-based platforms are not secure means of communication and that the Society does not use encryption codes or digital signatures for incoming or outgoing email or conducting video conferencing calls. 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 and credentials 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. the information transmitted via video conference or other Electronic Communication may be accessible by the provider of the video conference service or electronic communication channel, or other third parties;
  - d. someone could intercept, read, transmit or alter my/our text chat on the platform used for communication;
  - e. 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.
7. I acknowledge that the videoconference session may be recorded by the Society and I consent to the recording of such session. I also acknowledge that such information that may be recorded may be disclosed by the Society in order to comply with any requirement for disclosure imposed by laws applicable to the business activities and operations of the Society, or pursuant to the directives of the Court having jurisdiction in relation to the business activities and operations of the Society, including but not limited to compliance with financial regulatory requirements and tax compliance laws.

8. I acknowledge that it is my responsibility to ensure that my computer and other electronic devices have at all times up-to-date virus protection software and internet service to enable the video conference.
9. 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.
10. 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.

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

Affix Stamp or Seal

\_\_\_\_\_  
Signature of Witness/Verifier

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.*

**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

**Executed by:**

**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

**In the presence of:**

*A mark should be made in one of the following boxes that describes the identifier's authority to make the certification.*

Justice of the Peace |  Attorney -at-law |  Notary Public |  Commissioner of Oaths |  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, NotaryPublic, 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.