



MEMBER INFORMATION UPDATE FORM

Name: First Middle Last
Other Name/s (Alias): A/c #
Nationality Country of Residence:
Citizenship: &
Mother's Maiden Name:
Identification: Type Number: Expiry Date:
(The acceptable forms of identification are: Driver's License, Electoral and Passport).

Taxpayer Registration Number: US TIN if applicable:
Home Address:
Mailing Address:
Telephone #: (Home) Cell: E-mail Address:
Name of Employer: Employer's Telephone #:
Address of Employer: Occupation:
(NB. For occupation, the terms 'businessman/businesswoman is not acceptable- state nature of businesses)

Annual Income Range per Annum (\$J):

- () Up to \$1,000,000 () \$1,000,001-\$2,000,000 () \$2,000,001- \$3,000,000
() \$3,000,001- \$4,000,000 () \$4,000,001-\$5,000,000 () Over \$5,000,000

Anticipated value of regular deposits to the account () monthly () weekly () Fortnightly

Source of wealth: Salary () Spouse () Remittances () Other-please: _____

US Citizen Information:

- Are you a US Resident? () Yes () No
Are you a US Resident? () Yes () No
Are You a US Citizen? () Yes () No
Do you hold a US Permanent Resident Card (Green Card) () Yes () No

Politically Exposed Persons Information:

Do you or your immediate family (parents, siblings, spouse, children, in-laws and close associates) hold a prominent public position locally or in any foreign jurisdiction? () Yes () No

If yes, give details:

Name of family member: Position/function:

Next of Kin / Spouse Information:

Name of spouse or next of kin: Relationship:

Address of spouse/next of kin: Contact #:

Occupation of spouse/next of kin:

Place of employment for spouse/next of kin:

Telephone # Relationship:

Reference Information: (To be completed where no reference information was previously provided)

Name: _____
 Address: _____
 Contact #: _____
 Profession: _____

Name: _____
 Address: _____
 Contact #: _____
 Profession: _____

Do you authorize the credit union to communicate to you by electronic mail? Yes () No ()
 Do you authorize the credit union to send your statements to you by electronic mail? Yes () No ()
 How were you advised to update your account: () Media, () In Branch () Telephone () Call Centre

Do you wish to change your beneficiary? If so, please complete a new Nomination Form.

I _____ hereby confirm that the information provided above is accurate and complete.

I agree and undertake to notify First Heritage Co-op Credit Union Limited within 30 calendar days if there is a change in any information which I have provided to the Credit Union

Signature of Member: _____ Date: _____
 Name of Witness: _____ Signature: _____

For Office Use Only

Were the following verified?

Employment information: Yes () No () State the method used: _____
 Homes address: Yes () No () State the method used: _____
 References: Yes () No () State the method used: _____

(The above must be verified where new address is given or not previously verified)

Staff that verified the relevant information above: Name _____ Signature: _____
 Approved for Posting to the system by: Name _____ Signature: _____
 Staff that posted the information to the system Name _____ Signature: _____
 Date posted: _____

Customer Profile Information

Customer Categories	Indicate category with an "X"
Baseline Customer meeting Standard KYC	
Politically Exposed Person (PEP)	
Owner of Cash Intensive / high risk Businesses / e.g. car dealers, gas stations, wholesale operators, micro financing entities, scrap metal dealers	
Professional Intermediary/Designated Non-Financial Business or Professional (DNFBPs) e.g. attorney, accountant	
National of OFAC sanctioned country	
Private Investment Clients (high net worth)	
Designated Non-Financial Businesses/Institutions and Professionals (DNFBPs)/Professional Intermediaries (Attorneys-at-Law, Accountants/Auditors, Real Estate Agents, Trust and Company service Providers	
Other: _____	