

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 #: _____
 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: _____

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: _____

Common Reporting Standard (CRS) – (All members are required to complete a new CRS form.

I confirm that I completed a new Common Reporting Standard Form: Yes No.

If no, provide reason:

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 and 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

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

Data Protection

I understand that First Heritage Cooperative Credit Union Limited collects and processes my personal data as indicated herein, to provide contracted financial services, manage risks, and comply with legal and regulatory obligations; to communicate with you and to share information about our products, services and promotional activities.

The data collected may be shared with our third parties for purposes such as background and credit checks, for provision of services at your request to fulfil regulatory requirements and to pursue the legitimate interest of the Credit Union. The data may also be shared with our software providers in so far as they provide support, maintenance and development for the systems that house the data in our control. I further understand that the third party might reside outside of Jamaica and that the Credit Union will make every effort to safeguard all personal data that it processes.

(Read more about how the Credit Union processes your information, who we share it with and your rights as a data subject at bit.ly/3PxYIRq or scan the QR Code to access the Privacy Notice.)



FHC Privacy Notice

I agree for the Credit Union to:

- Communicate with me electronically (e.g. emails/text messages) Yes No
- Send me information about the Credit Union's products, services and promotional activities. Yes No

Signature of Member: _____ Date: _____

Name of Witness: _____ Signature: _____

For Office Use Only

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: _____	

Were the following verified?

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

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

(The above must be verified where new information 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: _____