

**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):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Up to \$1,000,000       | <input type="checkbox"/> \$1,000,001-\$2,000,000 | <input type="checkbox"/> \$2,000,001- \$3,000,000 |
| <input type="checkbox"/> \$3,000,001-\$4,000,000 | <input type="checkbox"/> \$4,000,001-\$5,000,000 | <input type="checkbox"/> Over \$5,000,000         |

Anticipated value of regular deposits to the account \_\_\_\_\_  Monthly  Weekly  Fortnightly

Source of wealth: Salary  Spouse  Remittances  Other-please: \_\_\_\_\_

Source of Income: 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: \_\_\_\_\_

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

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Profession: \_\_\_\_\_

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Profession: \_\_\_\_\_

*Do you wish to change your beneficiary?  Yes  No. If yes, please complete a new Nomination Form.*

**Common Reporting Standard - Tax Residency Individual Self-Certification**

I confirm that I have completed the Tax Residency Individual Self-Certification Form  Yes  NO.

If No, kindly complete the Form now.

**Data Protection**

*I \_\_\_\_\_ understand that First Heritage Cooperative Credit Union Limited collects and processes my personal data as indicated herein, in order to provide contracted financial services, manage the Company's risks, to comply with legal and regulatory obligations; to communicate with me and to share information about the Company's products, services and promotional activities.*

*I further understand that the data collected may be shared with third parties such as Credit Bureaus, Regulatory and Law Enforcement bodies, the Company's Subsidiary (FHC Investment Limited) and other companies and individuals performing work for the Credit Union from an operational standpoint. 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. 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.*

*I am aware that further information about how the Credit Union processes, shares my personal data and my rights as a data subject can be accessed via the Privacy Notice at [bit.ly/3PxYIRq](http://bit.ly/3PxYIRq) or by scanning the following QR Code.*



FHC Privacy Notice

*I agree for the Credit Union to:*

*Process and share my personal data for the purposes outlined herein  Yes  No*

*Communicate with me electronically (e.g. emails/text messages)  Yes  No*

*Share information about the Company's products, services and promotional activities.  Yes  No*

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.

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	
National of OFAC sanctioned country	
Private Investment Clients (high net worth)	
Designated Non-Financial Businesses/Institutions and Professionals (DNFBPs)/Professional Intermediaries	
Other: _____	

**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 information is given or not previously verified.)*

Copy of Current ID on file?    ( ) Yes ( ) No

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: \_\_\_\_\_