



MEMBER INFORMATION UPDATE FORM

In order to comply with the Proceeds of Crime Act (POCA) legislation and to ensure a continuous business relationship with you, we require that you complete and return this for m as soon as possible

Name:

Form fields for Name (First, Middle, Last), Other Name/s (Alias), A/c #, Nationality, Country of Birth, and Citizenship.

Identification Type and #: (The acceptable forms of identification are: Driver’s License, Electoral and Passport). Please provide a copy

Form fields for Taxpayer Registration Number (TRN), US TIN, Home Address, Mailing Address, Telephone Number (Home), Cell, E-mail Address, Name of Employer, Tel. #, Address of Employer, Work Telephone #, and Occupation.

(The terms ‘businessman/businesswoman is not acceptable- state nature of businesses)

Annual Income Range per Annum (\$J):

- Income range options: () 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

Kindly indicate the source of your funding and wealth

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

Name of spouse or next of kin:

Address of spouse/next of kin:

Occupation of spouse/next of kin:

Place of employment for spouse/next of kin:

Telephone # Relationship:

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

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: _____

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 ()

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

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

I agree and undertake to notify the 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: _____

Office Information use only

Were the following verified?

Employment information: Yes () No ()

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

Name and signature of staff that verified the relevant information above:

Approved for Posting to the system by: _____

Name of staff that posted the information to the system: _____

Signature: _____ Date posted _____