MEMBER INFORMATION UPDATE FORM

UPDATE TYPE: **Name** ☐ **Address** ☐ **Employment Information** ☐ **Beneficiary** ☐ **Other** ☐

Name of Applicant: _____ **Member Number:** _____

_____

Permanent Address

_____

Mailing Address (if different)

_____

Email Address

_____ _____

Date of Birth **Place of Birth**

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Common Law

_____ _____

Nationality **Country of Residence**

_____

Occupation

_____

Name of Employer / Business Name

_____

Address of Employer / Business:

_____

Work Email Address

_____ _____

Mobile Contact No. **Work Contact No.**

Annual Salary Range (tick one):

$0–$120,000.00 ◯ $120,001–$300,000.00 ◯ $300,001–$500,000.00 ◯ $500,000.00+ ◯

Are you a Politically Exposed Person (PEP)?

Yes ◯ No ◯

A PEP is an individual/family member or close associate who is or has been entrusted with a prominent public function either locally or internationally, e.g., Head of State, senior politicians, government officials, judges, military officials, executives of state-owned enterprises, etc.

MEMBER INFORMATION UPDATE FORM

Beneficiary Information: (Pleasecomplete only if there is a changein your currentinformation)

Beneficiary Information

Additional Beneficiary ◯ Replacement Beneficiary ◯

In the event of death, I _____ hereby nominate

FULL NAME (BLOCK LETTERS)

_____

BENEFICIARY'S FULL NAME (BLOCK LETTERS)

to receive money from my account in accordance with the Co-operative Societies Act and the By-Laws of the Society.

Relation to Member: _____

Contact #: _____ **Home**

Contact #: _____ **Mobile**

ID Type:

DP ◯ ID ◯ PP ◯ ID#: _____

Country of Issue: _____ Issue Date: _____ Expiry Date: _____

If the Beneficiary is a minor (under age 18) and does not have a valid form of identification — Please provide original Birth Certificate.

Birth Certificate Pin No. : _____ **Country of Issue:** _____

MEMBER INFORMATION UPDATE FORM

I, _____, hereby certify that the information submitted to CLICO Credit
FULL NAME (BLOCK LETTERS)
Union Co-operative Society Limited is TRUE and CORRECT.

Due to the requirements of the Guidelines on Money Laundering for institutions licensed under the Financial Obligation Regulations, 2010, CCU must be satisfied as to the source of funds before accepting deposits. Consent is hereby given to CCU to disclose information to law enforcement authorities.

Signature: _____ Date: _____

N.B.: All updated information must be accompanied by supporting documents.

FOR OFFICIAL USE ONLY

Date Received: _____

Checked By:

Name: _____ Signature: _____ Date: _____
(BLOCK LETTERS)

Entered By:

Name: _____ Signature: _____ Date: _____
(BLOCK LETTERS)

Authorized By:

Name: _____ Signature: _____ Date: _____
(BLOCK LETTERS)

Compliance Check:

Name: _____ Signature: _____ Date: _____
(BLOCK LETTERS)

DOCUMENT CHECKLIST

- ☐ 1. **One (1) form of Valid Identification (i.e., National Identification Card, Driver's Permit, Passport)**
- ☐ 2. **Proof of Address must carry the applicant's name (i.e., Utility Bill or Bank statement). Statement in the absence of a Utility Bill**
- ☐ 3. **N.B. If the utility bill is not in the applicant's name, written consent and a valid identification are required from the bill owner to use the bill**
- ☐ 4. **Proof of Employment - Job Letter(dated within 3 months) *TTDF (dated within 2 months)**
- ☐ 5. **Proof of Income – Pay slip (dated within 1 month)**
- ☐ 6. **Self-Employed & Unemployed Persons- Evidence to support how the account will be funded**
- ☐ 7. **Applicable to foreigners/non-residents only - A reference letter is required as confirmation/evidence of the prospective member's relationship with their foreign bank (legal requirement)**
- ☐ 8. **One (1) form of valid identification for Beneficiary**