



PALO SECO CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

MEMBERSHIP DATA UPDATE FORM

ADULT: **MINOR** **PEP** **Risk Category / Rating:** **HIGH** **MEDIUM** **LOW**
Date Joined ____/____/____ **Account No.** _____ **Group No.** _____

SECTION A. IDENTIFICATION INFORMATION: (Please type in Block letters)

Title: Mr. Mrs. Ms. **Marital Status:** Single Married Divorced Widowed Separated Common Law
First Name: _____ **Middle Name:** _____
Surname: _____ **Gender:** Male Female
Date of Birth: ____/____/____ **Place of Birth:** _____ **Age:** ____ **PIN #** _____
YYYY MM DD
Nationality: _____ **Other (please specify):** _____
Home Address: _____

Mailing Address: (if different from above) _____

Telephone Numbers: Home () _____ **Mobile:** () _____
Email : _____

SECTION B. VERIFICATION OF IDENTITY AND ADDRESS: (Original documents must be submitted)

Address Verification: Utility Bill (Electricity/Water/Telephone/Cable Current Bank Statement

Type of ID (2 forms of ID)	Number	Country of Issue	Expiry Date (YYYY/MM/DD)
National ID			
Driver's Permit			
Passport			

SECTION C. EMPLOYMENT DETAILS: Job letter and Payslip (Not older than 1 month) must be submitted

Classification: Private Sector Public Sector Self-Employed Retired Unemployed Homemaker

Employer Name:	If Self Employed or with side business please complete
	Name of Business:
Employer Address:	Type of Business:
Occupation:	Business Address:
Employer Phone No. ()	
Status: Permanent <input type="checkbox"/> Temp <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/>	Occupation:
How long Employed:	Business Tel. No.:
	Business Registration Date: _____
Pay Frequency: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>	Business Registration No.: _____

Gross monthly Income: \$1,000 - \$5,000 \$5,000 - \$10,000 \$10,000 - \$15,000 \$15,000 - \$20,000 >\$20,000

SECTION D. FOR MINORS ONLY (Parent / Guardian) - (Under 18 years of age)

Student: Yes No (If Yes) **Name of School:** _____

Name of Parent / Legal Guardian (BLOCK LETTERS) _____ **Identification No. (ID/DP/PP)** _____

Signature of Parent / Legal Guardian _____ **Legal Document No. (For Legal guardian only)** _____

SECTION E. POLITICALLY EXPOSED PERSONS (PEPs)

Domestic and Foreign Politically Exposed Persons (PEPs): Regulations 20 (1) (a) to (f) (2) to (5) of the Financial Obligation Regulations 2010
Are you or have you been:

- A current or former senior official in the executive, legislative, administrative or judicial branch of a local or foreign government? Yes No
- A senior official of a major political party? Yes No
- A senior executive of a local and foreign government-owned commercial enterprise? Yes No
- A senior military official? Yes No
- An immediate family member of a person mentioned in paragraphs (a) to (d) above, (spouse, parent, sibling, child or the parent, sibling or additional children of the person's spouse)? Yes No
- A close associate (socially or professionally) of a person mentioned in paragraph (a) to (d)? Yes No
 (If Yes, please provide details): _____

If any of the above from (a) to (d), please state period of service: _____

