



# MEMBER ACCOUNT UPDATE FORM

DORMANT

REMEDIATION/UPDATE

Account No.: \_\_\_\_\_ Branch Acct Opened: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Mr./Ms./Mrs.) \_\_\_\_\_

## CUSTOMER INFORMATION UPDATE

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

### Telephone No:

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

*(If member is a minor, input School Information)*

Office Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Purpose of Account: \_\_\_\_\_ Source of Funding: \_\_\_\_\_

Expected Monthly Deposit: \$\_\_\_\_\_ Expected Monthly Activity: #\_\_\_\_\_

- **Do you or a family member, or close associate, hold or have once held any positions (Heads of Government, Senior Government/Political Official, Legislative Official, Senior Military Official, Senior Political Party Official) on behalf of the country of Belize or any foreign state?**

YES

NO

I hereby declare that the information furnished here is true and accurate to the best of my knowledge. I acknowledge that any false information given may result in the loss of my membership with St. John's Credit Union Limited.

Member Signature: \_\_\_\_\_

*(If member is under the age of 18 years, Parent/Guardian must sign on behalf of the member)*

## FOR OFFICIAL USE ONLY

Prepared By: \_\_\_\_\_

Authorized By: \_\_\_\_\_