



MEMBER ACCOUNT UPDATE FORM

DORMANT ☐

PARTIAL UPDATE ☐

FULL UPDATE ☐

Account No.: _____ Branch Acct Opened: _____ Date: _____

Name: (Mr./Ms./Mrs.) _____

- ☐ Identification: BSSB# _____ Exp: _____ Passport #: _____ Exp: _____
- ☐ Date of Birth: _____ Place of Birth: _____
- ☐ Residential Address: _____
- ☐ 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: # _____

HOME/MOBILE BANKING REQUEST	
<input type="checkbox"/>	NEW SETUP
<input type="checkbox"/>	PASSWORD RESET
<input type="checkbox"/>	SECURITY QUESTIONS RESET
<input type="checkbox"/>	UNLOCK

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 ☐ (If yes, complete PEP questionnaire)

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

Internal Correction Notes: _____ _____ _____
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Prepared By: _____

Authorized By: _____