



City of Bridgetown Co-operative Credit Union Limited Personal Information Update Form

Date:	Member Number:	
	Existing Information	Updated Information
Title	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Rev	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Rev
Surname		
First Name		
Middle Name (s)		
Address 1		
Address 2		
Address 3		
Parish / Postal/Zip Code		
Country		
CONTACT INFORMATION		
Telephone No. (H)		
Telephone No. (W)		
Telephone No. (C)		
Cell Service Provider	<input type="checkbox"/> Digicel <input type="checkbox"/> Flow <input type="checkbox"/> Other	<input type="checkbox"/> Digicel <input type="checkbox"/> Flow <input type="checkbox"/> Other
Plan Type	<input type="checkbox"/> Postpaid <input type="checkbox"/> Prepaid	<input type="checkbox"/> Postpaid <input type="checkbox"/> Prepaid
Email Address		
Preferred Mode of Contact	<input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email <input type="checkbox"/> Post	<input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email <input type="checkbox"/> Post
IDENTIFICATION		
B'dos National ID Number		
Issued Date (yyyy-mm-dd)		
Expiry Date (yyyy-mm-dd)		
Driver's License Number		
Issued Date (yyyy-mm-dd)		
Expiry Date (yyyy-mm-dd)		
Passport #		
Issued Date (yyyy-mm-dd)		
Expiry Date (yyyy-mm-dd)		
Date of Birth (yyyy-mm-dd)		
Nationality		

Types of Accounts /Services ▼	Account #	Change(s) Made
Shares	ATM Card	RE-ACTIVATE
Deposits	Internet Banking	RETURN TO DORMANCY
COB CARES	E-Statement	CLOSE/DISCONTINUE/PAY-OFF
Loan	IVR	CHANGE TO JOINT/OR ACCOUNT
Accelerator	Pmt & Fees	CHANGE TO JOINT/AND ACCOUNT
Earners	Non-member	CHANGE TO SINGLE ACCOUNT
Easy Climber	Mobile Banking	LINK TO ATM CARD/IVR/INTERNET
Pinnacle		DE-LINK FROM ATM CARD/IVR/INTERNET
RSSP/RSP		
Prosperity Premium		

The above change(s) above was/were initiated by Member Internal Maintenance

EMPLOYMENT INFORMATION *(If self-employed, a Certificate of Incorporation/Registration or equivalent is required)*

Name & Address of Employer:

Occupation:

Tel. No.:

If self-employed state Business Name					
EMPLOYMENT INFORMATION CON'T					
Nature/Type of Business:		Occupation:		Tel No.:	
Business Address (if different from Residential address):					
Salary Mode:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Job/Contract	
Approximate Salary/Wages/Pension		<input type="checkbox"/> Under \$2000.00	<input type="checkbox"/> \$2,001.00 - \$4,000.00		
<input type="checkbox"/> \$4,001.00 - \$6,000.00	<input type="checkbox"/> \$6,001.00 – \$8,000.00	<input type="checkbox"/> \$8,001.00 - \$10,000.00	<input type="checkbox"/> \$10,001.00 & over		
Purpose of Account:			Source of Funds: (salary, business):		
Method of Deposits:	<input type="checkbox"/> Teller	<input type="checkbox"/> Standing Order	<input type="checkbox"/> Salary Deduction	<input type="checkbox"/> ATM Deposits	<input type="checkbox"/> Fast Deposits

POLITICALLY EXPOSED PERSONS (PEP) DETAILS		
Questions	Yes	No
Do you hold or have held a prominent public function?		
Do you have an immediate family member who holds or has held a prominent public position?		
Do you have a business associate or close friend/relative who holds or has held a prominent public position?		
Do you hold or have held a prominent position within an international organisation?		
If you answered YES to the above please complete the below:		
What is your relationship to individual?		
Name of person:		
Name of position:		
Name of organisation:		

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION			
Do you have a US Visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Expiry Date (yyyy-mm-dd)	Type		
Are you a United States of America Citizen or Green-Card Holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you reside in the United States of America for 183 or more consecutive days a year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a Standing Order to transfer funds to an account maintained in the USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you currently have effective Power of Attorney or Signatory authority granted to a person with a US address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have controlling interest in a company incorporated in the USA or that has a US address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a shareholder of a company located outside of the USA for which one or more US citizens or residents have controlling interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you were born in the USA but do not have US Citizenship, do you have a Certificate Loss of Nationality of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If NO, state the reason why you did not obtain US Citizenship at birth or have the Certificate.			
Taxpayer Identification No:			
Social Security No:			
Employment Identification Number			
DECLARATION: I declare that I am/am not a Citizen or Resident of the United States of America. I agree to inform the Credit Union if the status of any of the information I have provided in this Declaration Form changes, within 90 days of the end of the calendar year after the change takes place. The facts stated in this Declaration Form are to the best of my knowledge, information and belief, true. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to the Internal Revenue of the USA or a local competent authority authorized by them. I agree to satisfy the requirements of the Foreign Account Tax Compliance Act (FATCA) so far as they relate to me.			
ETA (Canadian travel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Expiry Date (yyyy-mm-dd)			

NOTARIAL CERTIFICATE:	
<p>I,, Notary Public in and for the County/State/Province/Country of</p> <p>..... do hereby CERTIFY that on the day of 20..... personally came and appeared before me a male/female who identified himself/herself as to be named the executing party to the foregoing document who did in my presence duly sign, seal and deliver the same as for his/her free and voluntary act and deed. Given under my hand and seal this day of 20.....</p> <p style="text-align: right;">(PLACE NOTARIAL STAMP HERE)</p> <p>Notary Public in and for the County/State/Province/Country of</p>	

PERSONAL INFORMATION

Information	Existing Information	Updated Information			
BARP (<i>50 yrs & over</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	BARP #			
Anniversary Date					
Dependent(s)/Age(s)	No. <input type="checkbox"/>	<input type="checkbox"/> 0 – 11 Juniors	<input type="checkbox"/> 12 – 16 Teens	<input type="checkbox"/> 17 – 25 Youth	CARES Member <input type="checkbox"/> Yes <input type="checkbox"/> No
Edu. Level completed	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Post Graduate				

Photo Capture	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Provider	
Medical Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Provider	
House/Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Provider	
Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Provider	
Car Model		Car Year/Age	
Retirement Savings / Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Provider	
Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bill Payment Method	<input type="checkbox"/> In-store <input type="checkbox"/> Online <input type="checkbox"/> Surepay		

REFERRAL(s)

Referral Name	Address	
Referral Name	Address	
Date: (mm/dd/yyyy)	Member Signature:	Joint Member Signature:

Office Use Only

Check Document(s) Presented

Marriage Certificate	<input type="checkbox"/>	National ID Card	<input type="checkbox"/>	Utility Bill	<input type="checkbox"/>	Reference Letter	<input type="checkbox"/>	
Divorce Decree	<input type="checkbox"/>	Driver's Licence	<input type="checkbox"/>	Bank Statement	<input type="checkbox"/>	Landlord Letter & Receipt	<input type="checkbox"/>	
Deed Poll	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Gov't. Cheque	<input type="checkbox"/>	Post-marked envelope	<input type="checkbox"/>	
How did you hear about COB? <input checked="" type="checkbox"/>	Print Media	<input type="checkbox"/>	Marketing Promo	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	COB Staff Refer	<input type="checkbox"/>
	Television Adv.	<input type="checkbox"/>	Signage	<input type="checkbox"/>	Payroll Company	<input type="checkbox"/>	COB Member Refer	<input type="checkbox"/>
	Radio Adv.	<input type="checkbox"/>	Internet	<input type="checkbox"/>	<input type="checkbox"/> Other:			
Purpose of Account								

Name of Representative (<i>please print</i>):	Signature	Date: (mm/dd/yyyy)
Updated by (<i>please print</i>):	Signature	Date: (mm/dd/yyyy)
Name of Supervisor (<i>please print</i>):	Signature	Date: (mm/dd/yyyy)