

PECU Credit Union Co-operative Society Limited

50 park Street, Port of Spain, Trinidad W.I. Tel: 623-5561 Fax:623-8031
Email: pecutnt@gmail.com Website: pecutt.com Registered No. 028 on 11th October 1978



RECORD UPDATE FORM

Under Sections 15, 16 & 23 (2) of the Financial Obligations Regulations 2010 we are required to obtain the following information:

MEMBER INFORMATION

Name (Mr/Mrs/Ms): _____ Account No: _____
LAST NAME FIRST NAME

Residential Address: _____

Mailing Address: _____

Email Address: _____ Gender: _____ Date of Birth: _____ / _____ / _____
DD MM YYYY

Nationality: _____ Country of residence: _____

Telephone (Home): _____ (Mobile): _____ (Work): _____

If non-resident, please provide a reference from your overseas bank as well as copies of identification which must be duly certified a true copies of the original.

Occupation: _____ Work Email address: _____

Name Of Employer: _____

Address of Employer: _____

Monthly Salary Range: TTD 5,000 & Under TTD 5,001 to 10,000 TTD 10,001 to 20,000 TTD 20,000 and over

DECLARATION

- | | | |
|---|------------------------------|-----------------------------|
| a) Has any financial institution ever refused to open your account? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Do you hold a position in any political party/public office or hold a high profile position? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Do you agree to submit source of wealth where required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Do you deal in high value items i.e. Gold, Silver, Diamonds? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Do you belong to countries where Anti Money Laundering regulations are ignored | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I hereby declare that the above information is true and correct to the best of my knowledge and I will shall immediately update PECU Credit union if there are any changes to such information. I authorize that PECU Credit Union may verify any or all information provided.

Signature: _____ Date: _____ / _____ / _____
DD MM YYYY

THE FOLLOWING MUST BE PROVIDED

- Two (2) forms of Photographic identification such as Passport, National ID Card of Driver's Permit License.
- A Utility Bill (telephone, electricity, water). Bills must not be more than three (3) months old.

FOR OFFICIAL USE ONLY

MEMBER RISK PROFILE: High Medium Low

INFORMATION VERIFIED BY:

Print Name: _____ Department: _____

Signature: _____

