

RECORD UPDATE FORM

UPDATE TYPE (PLEASE SELECT YOUR CURRENT ACCOUNT STATUS)			
DORMANT: (I have not made a deposit in over 12 months) <input type="checkbox"/>		ACTIVE (Please select the update you are making) <input type="checkbox"/> NAME <input type="checkbox"/> ADDRESS <input type="checkbox"/> CONTACT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/>	
PERSONAL DATA (PLEASE FILL OUT IN CAPITAL LETTERS)			
SURNAME:		FIRST/OTHER NAME:	
MAIDEN NAME:			
RESIDENTIAL ADDRESS:			
MAILING ADDRESS:			
EMAIL ADDRESS:	CONTACT Nos.:		ID #1: DP <input type="checkbox"/> ID <input type="checkbox"/> PP <input type="checkbox"/> PIN <input type="checkbox"/>
	(H)	(C)	(C)
COUNTRY OF BIRTH:	NATIONALITY:		COUNTRY OF RESIDENCE:
If non-resident, please provide a reference from your overseas bank as well as copies of identification which must be duly certified as true copies of the original.			
EMPLOYMENT DATA: PRIMARY EMPLOYMENT (PLEASE FILL OUT IN CAPITAL LETTERS)			
NAME OF EMPLOYER / BUSINESS NAME:		EMAIL:	CONTACT No.:
			(W) EXT:
CURRENT WORK LOCATION:			HOW LONG EMPLOYED:
SALARY RANGE: (please tick the appropriate box)			OCCUPATION:
\$5,000 & UNDER <input type="checkbox"/> \$5,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 & OVER <input type="checkbox"/>			
EMPLOYMENT DATA: SECONDARY EMPLOYMENT			
NAME OF EMPLOYER / BUSINESS NAME:		EMAIL:	CONTACT No.:
			(W) EXT:
CURRENT WORK LOCATION:			HOW LONG EMPLOYED:
SALARY RANGE: (please tick the appropriate box)			OCCUPATION:
\$5,000 & UNDER <input type="checkbox"/> \$5,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 & OVER <input type="checkbox"/>			
COMPLIANCE REQUIREMENTS			
Are you a Politically Exposed Person? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, provide:			
RELATION:	NAME:	POSITION:	
A politically exposed person is an individual who is or has been entrusted with a prominent public function either locally or in a foreign country. (e.g. Head of State, Head of Government, Senior Member of Legislature, Senior Politicians, Senior Government Officials, Judicial Officials, Military Officials, Senior Executives of State-Owned Corporations, Senior Political Party Officials) If you are a close association (connected either socially or professionally) or relative (parent, spouse, child, or sibling) thereof, please indicate your relationship to and the name and position of the Politically Exposed Person.			
REQUIRED DOCUMENTS (all copies must be certified by a true copy of the original)			
• 2 forms of identification (PP, DP, National ID, or Birth Certificate) <input type="checkbox"/> • Proof of address - no older than 3 months (utility bill, or bank statement) <input type="checkbox"/>		• Proof of Income - no older than 3 months <input type="checkbox"/> • Marriage certificate/Divorce absolute (if applicable) <input type="checkbox"/>	

MEMBER'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY		
RECEIVED BY: (TELLER ID)	SIGNATURE:	DATE: (dd/mm/yyyy)