



RHAND Credit Union Co-operative Society Limited

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Registered No. 38 on 27th March 1947

RECORD UPDATE FORM

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

PLEASE FILL OUT THE FOLLOWING IN BLOCK LETTERS:

Name: _____ Account#: _____

Residential Address: _____

Mailing Address: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Country of Residence: _____

BIR#: _____ NIS#: _____

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 as true copies of the original.

Occupation: _____

Name of Employer/Business Name: _____

Address of Employer/Business: _____

Work Email Address: _____

Please tick the box that indicates your monthly salary range:

\$5,000 & Under \$5,001 to \$10,000 \$10,001 to \$20,000 \$20,001 & Over

ARE YOU A POLITICALLY EXPOSED PERSON? YES NO **CLOSE ASSOCIATE OF?** YES NO **RELATIVE OF?** YES NO

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 associate (connected either socially or professionally) or relative (parent, child, spouse, sibling) thereof, please indicate your relationship to and the name and position of the Politically Exposed Person.

Signature: _____ **Date** _____

THE FOLLOWING MUST BE PROVIDED (NB: All copied documents must be certified by a true copy of the original)

- Two (2) forms of Photographic identification such as Passport, National ID Card or Driver's License.
- Marriage Certificate or Deed Poll (Where applicable)
- Proof of occupational income of *source of funds/wealth*
- Proof of residential address - Original utility bill (telephone, electricity, water, cable) not more than three (3) months old.

FOR OFFICIAL USE ONLY

Received by _____ Date Received: _____

Department/Branch _____