



MEMBER UPDATE & REACTIVATION FORM

MEMBER NUMBER:	MEMBER NAME: (First/Middle/Last) [] Mr. [] Ms. [] Mrs. [] Dr.	Date of Birth DD/MM/YYYY
Email Address:	Telephone #: (XXX-XXX-XXXX)	Taxpayer Registration Number (TRN)
ID (Type & Number)	Issue Date:	Expiry Date:

Current Address: _____

Residential Status: Own Rent Other _____ **Since**(Month/Year): _____

Place of Birth: _____ Country of Citizenship: _____

Are you a: US Citizen or Green Card Holder or US National No Yes

IF YES Taxpayer Identification Number (TIN) **TYPE:**

PROOF OF ADDRESS Utility Bill (within 3 months old), Letter from JP Post marked Envelope Site Visit to Residence

EMPLOYMENT INFORMATION	Employer: _____
	Address: _____
	Occupation: _____ Employment Date: _____
	Average Annual Income \$ _____ Source of Income: _____
Average Expected Deposit (JMD) () Under \$20,000 () \$20,001 - \$50,001 () \$50,001 - \$100,000 () over \$100,000	

POLITICALLY EXPOSED PERSONS	Do you or your immediate family (parents, siblings, spouse, children, stepchildren, in-laws) and close associates hold or has held any of the following positions locally or internationally? <input type="checkbox"/> NO <input type="checkbox"/> YES Please provide details:
	<input type="checkbox"/> Member of the Judiciary, <input type="checkbox"/> Military official above the rank of Captain, <input type="checkbox"/> Member of the police of or above the rank of Assistant Commissioner <input type="checkbox"/> Head of State, <input type="checkbox"/> Head of Government, <input type="checkbox"/> Minister of Government, <input type="checkbox"/> Member of any house of Parliament, <input type="checkbox"/> Official of any political party, <input type="checkbox"/> Director or Chief Executive of any company in which the Government owns a controlling interest, <input type="checkbox"/> Senior management position in an international organization and/or Permanent Secretary, <input type="checkbox"/> Chief Technical Director or Chief Officer in charge of the operations of a Ministry, department of Government, Executive Agency or Statutory body.

CONTACT (NEAREST RELATIVE NOT LIVING WITH YOU)	NAME: _____	RELATIONSHIP: _____
	ADDRESS: _____	EMPLOYER: _____
	TEL NO: _____	ADDRESS: _____
	OCCUPATION: _____	TEL NO: _____

REFERENCES (Any Two of the Following)	Employer (HR Manager and higher // /Police Officer (Rank Inspector and higher) // Minister of Religion) // Attorney-at-Law // Medical Doctor // JP/Notary Public COK Sodality Member (>2 years) Principal // Manager of Financial Institution (where applicant has an account, // COK Sodality Board/Committee Member // COK Sodality Employee (Supervisory level)	
	Name: _____	Name: _____
	Address: _____	Address: _____
	Tel No:(_____)	Tel No: (_____)
Reference Type: _____	Reference Type: _____	

ACCOUNT REACTIVATION: <input type="checkbox"/> Share <input type="checkbox"/> Golden Egg <input type="checkbox"/> Standing Order	REASON: <input type="checkbox"/> Resume Savings <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other _____
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Member Signature: _____	Approver: _____
Date: _____	Date: _____

FOR INTERNAL USE ONLY	FOR INTERNAL USE ONLY		
	References :	<input type="checkbox"/> REFERENCE #1 VERIFIED	<input type="checkbox"/> REFERENCE #2 VERIFIED
	Entered by: _____	_____	_____
	(Name)	(Signature)	(DD/MM/YYYY)
Reviewed by: _____	_____	_____	
(Name)	(Signature)	(DD/MM/YYYY)	