AERO SERVICES CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

(Registered No. 102)
12-14 Orange Grove Road, Tacarigua 340606, Trinidad and Tobago, W.I.
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Account No.

MEMBER UPDATE FORM

Branch: [ ] Head Office [ ] Tobago **(PLEASE COMPLETE IN BLOCK LETTERS)**

In accordance with Sections 11 and 15 of the Financial Obligations Regulations 2010 as amended, Aero Services Credit Union Co-operative Society Limited is required to maintain updated member account information. Supporting documentation must be submitted as evidence of any change.

SECTION A – PERSONAL INFORMATION

Surname: _____ First Name: _____ Other Names: _____

Residential Address: _____

Mailing Address (if different): _____

E-mail Address: _____ Telephone No: (H)_____ (W)_____ (M) _____

Kindly indicate changes to any of the following categories:

[ ] Identification _#_____ _____/_____/_____ _____/_____/_____ _____

[ ] National ID [ ] Driver's Licence DD MM YYYY DD MM YYYY Country of Issuance
[ ] Passport Issue Date Expiry Date

_#_____ _____/_____/_____ _____/_____/_____ _____

[ ] National ID [ ] Driver's Licence DD MM YYYY DD MM YYYY Country of Issuance
[ ] Passport Issue Date Expiry Date

Birth Certificate PIN No: _____ (for children and adults with only one (1) form of valid photo identification).

[ ] Residency Status [ ] Resident [ ] Non-Resident Country of Residence: _____

[ ] Nationality _____

[ ] Address _____

[ ] Name of Spouse _____ [ ] Spouse's Occupation _____

[ ] Spouse's Employer _____

DOCUMENTS

- Two (2) forms of valid photo identification (National ID Card, Driver's Licence, Passport or Birth Certificate – if only one (1) form of photo ID is available.
  (A Marriage Certificate, Decree Absolute or Deed Poll/Affidavit must be submitted for any changes to the above)
- Proof of address – no older than **three (3) months** (T&TEC, WASA, Cable, Internet, TSTT Landline). **Mobile bills are not accepted**.

SECTION B – EMPLOYMENT INFORMATION

Kindly indicate changes to any of the following categories:

[ ] Status [ ] Permanent [ ] Temporary [ ] Contract [ ] Casual [ ] Self-employed [ ] Retired [ ] Unemployed

[ ] Employer's/Business Name _____

[ ] Employer's/Business Address _____

[ ] Employer's/Business Telephone _____ [ ] Profession/Occupation _____

[ ] Monthly Income Category
[ ] $1,501 - $ 5,000 [ ] $10,001 - $15,000 [ ] $20,001 - $25,000
[ ] $5,001 - $10,000 [ ] $15,001 - $20,000 [ ] Over $25,000

[ ] Income Frequency: [ ] Monthly [ ] Fortnightly [ ] Weekly [ ] Other: _____

DOCUMENTS

- Proof of income – no older than **two (2) months** (Job Letter, Payslip). Business owners - financial statements or projections for at least three (3) years.

Revised 4th April, 2023

SECTION C – NOMINATION OF BENEFICIARY

Would you like to change your beneficiary information? [ ] YES [ ] NO If **YES**, please complete and sign the Designation of Beneficiary Form

SECTION D – POLITICALLY EXPOSED PERSON (PEP) DECLARATION

Are you an individual that is or was entrusted with a prominent public function either locally or in a foreign country? [ ] YES [ ] NO

If **YES**, please complete and sign the Politically Exposed Person (PEP) Declaration

SECTION E – FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) DECLARATION

Are you a US citizen, resident or Green Card Holder? [ ] YES [ ] NO If YES - W9 and document validating US citizenship, if NO - W8-BEN

Are you in possession of a Power of Attorney or an authorized signatory with a US address? [ ] YES [ ] NO If YES - W9, if NO - W8-BEN

Are you giving standing instructions for the transfer of dividend income/regular income to a US account? [ ] YES [ ] NO If YES - W9, if NO - W8-BEN

Are you a citizen or hold permanent residency in any country other than Trinidad and Tobago (**except the US**)? [ ] YES [ ] NO If YES - non-US passport or similar document establishing foreign citizenship and Common Reporting Standard Individual Tax Residency Self-Certification Form

SECTION F – MEMBER'S DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge and I shall immediately inform Aero Services Credit Union Co-operative Society Limited of any changes to said information.

Member's Name: _____ Member's Signature: _____ _____ /_____ /_____
DD MM YYYY

ASCU Officer's Name (Witness): _____ ASCU Officer's Signature) (Witness): _____

OFFICIAL USE ONLY

ACCOUNT UPDATED IN EMORTELLE

Account No. _____ Account Updated on : _____ /_____ /_____
DD MM YYYY

Customer Service Representative's Name: _____ Customer Service Representative's Signature: _____

Customer Service Supervisor's Name: _____ Customer Service Supervisor's Signature: _____

UN Sanction 2253 List	[ ] YES	[ ] NO	Economic Sanction Orders:
Office of Foreign Assets Control List	[ ] YES	[ ] NO	(i) DPRK List: [ ] YES [ ] NO
TT Consolidated List	[ ] YES	[ ] NO	(ii) IRAN List: [ ] YES [ ] NO
Referenced against other lists	[ ] YES	[ ] NO If YES, state :_____	

Member Risk Profile: [ ] High [ ] Medium [ ] Low

Verified by:

Compliance Officer's Name: _____ Compliance Officer's Signature: _____