



Canal Road, Grenville

Bruce Street, St. George's

Church Street, Hillsborough

This form may be downloaded and emailed to members@arizacu.com or submitted through the "Submit" button provided

MEMBER UPDATE FORM

1. Member Personal Information				
A/C No:	Date:	Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Last Name:	Middle Name:	First Name:		
Maiden Name:		Alias:		
Birth Date:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Common Law				
Mobile Phone:	Home Phone:	Email Address:		
2. Address				
Permanent Residential Address (P.O. box/ C/o not acceptable)				
Address 1:		Address 2:		
City:		State/ Province/Parish/Region:		
Zip/Postal Code:		Country:		
Length of time at this address:		Type of Dwelling: <input type="checkbox"/> House <input type="checkbox"/> Apartment		
Living Arrangements: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> With _____				
Mailing Address				
Address 1:		State/ Province/Parish/Region:		
Address 2:		Zip/Postal Code:		
3. Citizenship Status: (verification information may be required)				
Citizen By: <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization <input type="checkbox"/> Descent <input type="checkbox"/> CSME <input type="checkbox"/> Investment				
Country of Birth:		Nationality:		Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Residence:		Dual Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Country:	
4. Identification				
Type:	Country of Issue:	No.:	Date Issued:	Expiry Date:
Type:	Country of Issue:	No.:	Date Issued:	Expiry Date:
5. Current Employment Information				
Employer Name:		Address 1:		
Phone No:		Address 2:		
Email Address:		City:		
Employment Length:		State/Province/Parish/Region:		
Present Position:	Employment Status:	Zip/Postal Code:	Country:	
Self- Employed Member				
Name of Business:		Legal Status of Business:	Number of Employees: (Including yourself)	
Nature of Business:			Length of Time in Business:	
Business Address:				
Business Reg. No.:			Date of Registration:	

6. Financial Information		
a. Annual Salary: <input type="checkbox"/> Under \$14K <input type="checkbox"/> \$15K-\$30K <input type="checkbox"/> \$31K-\$48K <input type="checkbox"/> \$49K-\$60K <input type="checkbox"/> \$61K-\$108K <input type="checkbox"/> Over \$108K		
b. Expected monthly value of deposits:	c. Expected monthly value of withdrawals:	
d. Expected monthly number of deposits: <input type="checkbox"/> Under 5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> over 20	e. Expected monthly number of withdrawals: <input type="checkbox"/> Under 5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> over 20	
f. Methods for conducting business at the Credit Union: <input checked="" type="checkbox"/> Branches <input type="checkbox"/> ATM <input checked="" type="checkbox"/> Mobile & Online <input type="checkbox"/> Salary Deduction/Assignment <input type="checkbox"/> Electronic Transfers		
g. Purpose of Account:		
7. Spouse Information		
Last Name:	Middle Initials:	First Name:
Date of Birth:	Employer Name:	Phone No.
Annual Salary/Income: <input type="checkbox"/> Under \$14K <input type="checkbox"/> \$15K-\$30K <input type="checkbox"/> \$31K-\$48K <input type="checkbox"/> \$49K-\$60K <input type="checkbox"/> \$61K-\$108K <input type="checkbox"/> Over \$108K		
8. Reference Contact Information (other than spouse)		
Last Name:	Middle Initials:	First Name:
Mobile No.	Work No.	Home No.
Address:		Relationship
9. Dependents Information		
No. of Dependents:		Age range:
10. For Politically Exposed Persons: Please fill out this section if you or a family member* or close associate is a PEP i.e., Directors on State Boards, Senior Public Officer, Magistrates, Politicians, Chief Justice, Commissioner/Acting Commissioner of Police, Senior members of a political party etc.*Family members include Spouses, children, and siblings. Close associate includes personal advisors, consultants, close business colleague/ friends, girlfriend/boyfriend, prominent members of same political party.		
Name of PEP:	Country:	
Position and/or Duties:	Years of Service:	
PEP Relationship with Potential Member: <input type="checkbox"/> Self <input type="checkbox"/> Family Member (Spouse/Child/Sibling) <input type="checkbox"/> Close Associate <input type="checkbox"/> Ultimate beneficial owner/shareholder/director/partner/authorized person		
11. To help protect the integrity of tax systems, the United States of America, as well as governments around the world, have introduced new information gathering and reporting requirements for Foreign Financial Institutions (FFIs). This is known as The Foreign Account Tax Compliance Act (FATCA) and The Common Reporting Standard (the CRS). If your tax residence is located outside Grenada, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the Inland Revenue Department and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information. I hereby accept and acknowledge that Ariza shall have the right and authority to carry out investigations to confirm the Information provided by me. I shall indemnify Ariza for any loss that may arise to them on account of providing incorrect or incomplete information. I undertake to advise Ariza within 30 days of any change in circumstances which affects my tax residency status or causes the information contained herein to become incorrect or incomplete, and to provide Ariza with a suitably updated self-certification and Declaration within 60 days of such change in circumstances. <i>I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete including the taxpayer identification number.</i>		
a. Are you a US National or holder of a Green Card for residency in the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, please provide your US Tax Identification No. (TIN)_____ And a copy of your US ID.		
c. Are you using a US Address on this file?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you have a power of attorney or signatory granted to a person with a US address?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you provided standing instructions to transfer funds to an account maintained in the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Have you provided instructions to receive funds from a US address?		<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If tax resident of another country, please state TIN:	Country:	
If resident of another country but unable to provide TIN, please state reason:		

12. General Information Disclaimer

By signing this form, you hereby give your express consent to Ariza Credit Union (ACU) and its successors and assigns, and to any third party acting on behalf of any of them to contact you regarding your accounts and/or any other business relationship you have now or at any time in the future with ACU. This includes your consent for ACU to contact you by telephone or text message at any telephone number or numbers you provide to ACU or through electronic means, now or later for any purpose or that ACU obtains from any other source, all including (but not limited to) any telephone number assigned to a cellular telephone service or electronic messaging services. This consent applies even if ACU uses an automatic telephone dialling system or an artificial or pre-recorded voice to make the call or send the message.

13. Declaration

The information provided by me on this form is true and correct to the best of my knowledge. I understand that any false or misleading information given by me in connection with my application for my membership with Ariza Credit Union may result in the termination of my membership, apart from any other legal sanctions that may apply. Acceptance of my membership is with the understanding that I will abide by the rules and bylaws of Ariza.

I further declare and confirm that the information given by me in this form for financial service(s) is true and correct and further confirm and declare that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft or any other Crimes or illicit activities. I am aware that I am required by the account agreement to deposit only funds obtained by legal means and to refrain from using the account for money laundering, criminal activities, specified offences or for furthering criminal purposes. I have not assumed the identity of any other person and the funds/deposits are beneficially owned by me and no one else.

Consent is hereby given to the credit union to disclose any information of mine to Law Enforcement Agencies, Regulatory Authorities, other financial institutions, or regulated persons. I promise to abide by the terms of the account(s) agreement, and I consent to all enquiries Ariza Credit Union may make about me and to the retention of this application and all documents tendered by me in support of this application by the credit union.

I promise to inform ACU in writing if any information provided in the membership application changes.

Signature of Member:	Date:
Signature of Officer/Notary Public/JP:	Date:
Name of Notary Public/JP: Address:	Stamp of Notary Public/JP: Expiry Date of Commission:

Original marriage certificate must be provided in the case of a surname change. A utility bill not more than 3 months old will have to be provided in the case of an address change.