



BANK EMPLOYEES' CREDIT UNION

Cor. Bournes Road and Angelina Street, St. James

Phone: 622-9634/622-4035/628-4884 Fax:628-2559

Email: service@becuonline.com Website: www.becuonline.com

MEMBER UPDATE FORM

Membership#: _____

Name: <i>(First)</i> <i>(Middle)</i> <i>(Last)</i>		Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	
Address:		Date of Birth: <i>(Day)</i> <i>(Month)</i> <i>(Year)</i>	
Home Phone:	Mobile Phone:	Personal E-mail Address:	
Employer:	Employer Address:	Branch Office:	
Work Phone: Ext:	Work E-mail Address:	Occupation:	
ID Card#/ DP#/ BIR# / Passport #:			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Common Law			
Spouse's Name: <i>(First)</i> <i>(Middle)</i> <i>(Last)</i>		Spouses' Employer:	
Do you have dependants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many?	Ages:
How were you introduced to us?			

POLITICALLY EXPOSED PERSONS DECLARATION

ARE YOU A POLITICALLY EXPOSED PERSON (check ALL that apply):

- YES NO A current or former senior official in the executive, legislative, administrative or judicial branch of domestic or a foreign government, whether elected or not
- YES NO A senior official of a major political party
- YES NO A senior executive of a **domestic** or foreign government-owned commercial enterprise
- YES NO A senior military official
- YES NO An immediate family member of a person above (spouse, parents, siblings or children) or the parents, siblings and additional children of the person's spouse.
- YES NO A close personal or professional associate of the persons mentioned above.
- YES NO Any individual who is or have been entrusted with a prominent function by an international organization such as the UN and affiliates, OAS, IDB, ILO, CFATF, etc.

If Yes, to any of the above please provide details of relationship and complete statement of affairs below:

STATEMENT OF AFFAIRS

CURRENT ASSEST	\$	CURRENT LIABILITIES	\$
Cash on Hand/Bank		Loans =>5yrs	
Stocks Bonds etc		Short term Loans	
Real Estate (Market Value)		Mortgage Loan	
Motor Vehicle/s (Market Value)		Credit Cards	
Household (Furniture/Fixtures, computer etc)		Hire Purchase	
Other Assets (Life Ins, etc)		Other	
Total Assets	\$	Total Liabilities	\$
NETWORTH= \$ DEFICIT= \$			
<p align="center">NET WORTH = (Total Assets - Total Liabilities)</p> <p align="center">DEFICIT = (Total Liabilities - Total Assets)</p>			

SOURCE OF FUNDS DECLARATION

I DECLARE THE SOURCE OF FUNDS FOR THIS ACCOUNT IS :-

EMPLOYMENT DATA

Employer's Name		Employer's Address	
Employer's Tel. #	Occupation		How Long Employed
Employment Status	Permanent []	Contract []	Self Employed [] Part Time []

Monthly Remuneration

Under \$5,000 [] \$5,001 - \$10,000 [] \$10,001 - \$15,000 []
 \$15,001 - \$20,000 [] \$20,001 - \$30,000 [] \$30,001 - \$40,000 [] \$40,001 - \$50,000 []
 Over \$50,000 []

BENEFICIARY DECLARATION

BENEFICIARY: _____ **ESTATE:**

If you have more than one beneficiary please apportion a percentage of your Estate to each person

NAME	RELATIO N	D.O.B .	ADDRESS	PHONE	%

Signature of Member: _____

Date: _____