

UWI (Mona) & Community Co-op. Credit Union Ltd.
Member Information Change Form



BRANCH		ACCOUNT NUMBER	
<input type="checkbox"/> UWI, MONA CAMPUS <input type="checkbox"/> UTECH, HOPE ROAD			
TITLE	SURNAME	FIRST NAME	MIDDLE NAME(S)
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> PROF.			
MARITAL STATUS			
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED			
HOME ADDRESS			
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)			
HOME TELEPHONE #	MOBILE TELEPHONE #	E-MAIL ADDRESS	
NAME OF EMPLOYER		ADDRESS OF EMPLOYER	
OCCUPATION / JOB TITLE		WORK TELEPHONE #	FAX #
FORM OF IDENTIFICATION		IDENTIFICATION #	
<input type="checkbox"/> VOTER'S ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> WORK			
TAXPAYER REGISTRATION NUMBER (TRN)			
MEMBER'S DECLARATION			
<p>I hereby declare that the information provided in this document is true and agree to immediately notify the Credit Union of any changes thereto. Should I fail to notify the Credit Union of any such changes I agree that I will not at any time hereafter make any claim or take or bring any action or proceedings whatsoever against the Credit Union in respect of any consequential loss or damage which I may suffer.</p> <p>Further and in consideration of the facilities afforded to me by the Credit Union, I agree to indemnify the Credit Union against any and all claims which may arise from the Credit Union providing third parties with my account information via telephone.</p>			
_____ SIGNATURE OF MEMBER		_____ DATE	
INTERNAL USE ONLY	_____ SIGNATURE MCR		_____ DATE
	_____ CHECKED BY		_____ DATE