The Victoria Mutual Building Society

MEMBER INFORMATION FORM

INTERNAL USE ONLY Branch: _____ CIF: _____ RESET FORM

PERSONAL INFORMATION

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Other Please Specify _____

Last Name _____

First Name _____ Alias _____

Middle Name _____

Marital Status ☐ Unmarried ☐ Married ☐ Divorced ☐ Widowed ☐ Other _____

Maiden Name _____

Gender ☐ Male ☐ Female

Date Of Birth ☐☐☐☐☐☐☐☐ D D M M Y Y Y Y

CONTACT INFORMATION

Home Phone No. _____

Mobile Phone No. _____ Email Address _____

FAMILY NAMES

Father's Name _____

Mother's Name _____ Mother's Maiden Name _____

CITIZENSHIP and RESIDENCY INFORMATION

Country Of Birth _____

Country Of Citizenship _____ US Green Card Holder ☐ Yes ☐ No

Other Citizenship ☐ Yes ☐ No Residency Card Holder of any other Country ☐ Yes ☐ No

List Other Countries of Citizenship 1. _____ 2.

TAXPAYER IDENTIFICATION INFORMATION

Taxpayer ID Type ☐ TRN ☐ SSN ☐ SIN ☐ TRN ☐ NI ☐ ITIN Country of Issue _____

Taxpayer ID # ☐☐☐☐☐☐☐☐☐☐☐☐ Taxpayer Exemption # ☐☐☐☐☐☐☐☐☐☐☐☐

Tax Forms ☐ Form W-9 ☐ Form W-8 ☐ Waiver ☐ Other _____

EMPLOYMENT INFORMATION

Employment Status ☐ Full Time ☐ Student ☐ Self Employed - Registered ☐ Part Time ☐ Unemployed ☐ Self Employed - Unregistered ☐ Retired If retired, please state previous occupation _____ ☐ Pensioner If pensioner, please state monthly amount & currency _____

Occupation _____ Industry _____

Employer/School Name _____

Apt#/Street# & Name _____

District/Town/City _____

Parish/County/State _____

Postal Code / Zip Code _____ Country _____

Business Phone _____ Ext.# _____ Start Date (DD/MM/YYYY) _____

Fax Phone No. _____ Business Email Address _____

The VICTORIA MUTUAL Building Society

SALARY INFORMATION

Gross Annual Amount _____ ☐ VM STAFF ☐ N/A - authorized signer only

Currency: ☐ JMD ☐ USD ☐ CAN ☐ GBP

Other/Additional Income ☐ Yes ☐ No If Yes, please state the source _____ Industry: _____

Amount: _____ Currency: ☐ JMD ☐ USD ☐ CAN ☐ GBP

CONTACT PERSON or NEXT OF KIN INFORMATION

Title ☐ Yes ☐ Mrs ☐ Miss ☐ Other Please Specify _____

Last Name _____

First Name _____

Middle Name _____

Apt#/Street# & Name _____

District/Town/City _____ **Parish/County/State** _____

Postal Code / Zip Code _____ **Country** _____

Relationship _____ **Telephone#** _____

PEP QUESTION

Are you a Politically Exposed Person (PEP) or an immediate family member (parents, siblings, spouse, children, and/or in-laws) of; a current or former senior official in the Armed Forces, executive, legislative or administrative arms of government, or judiciary of your country of residence or a foreign government or a senior officer of a foreign Political Party, or a senior executive of a government owned entity or a foreign government?

☐ YES ☐ NO

PROXY APPOINTMENT

I hereby appoint the Chairman of the Board of Directors of the Society or any director or officer of the Society from time to time nominated by him as my Proxy to vote for me on my behalf at all meetings of the Society. This appointment shall remain valid and effective until revoked by me in accordance with the Rules of the Society.

SIGNATURES

I confirm the information recorded on this application is true and complete, and further confirm I have received the "Terms & Conditions" booklet applicable to my account and transactions.

..... Signature of Member

Date (dd/mm/yyyy) _____

..... Signature and Seal or Stamp of Witness / Verifier

Date Witnessed / Verified(dd/mm/yyyy) _____

FOR INTERNAL USE

CUSTOMER TYPE: ☐ VMBS Employee ☐ VMBS Subsidiary Employee ☐ VMBS Director **HIGH RISK:** ☐ PEP ☐ Other _____

HIGH RISK APPROVED BY: NAME: _____ SIGNATURE ..... DATE _____

INTERNAL REFERENCE (EXISTING MEMBER ONLY) ☐ Applicable ☐ Not Applicable

NAME OF AUTHORIZING OFFICER: _____ POSITION OF AUTHORIZING OFFICER: _____

SIGNATURE OF AUTHORIZING OFFICER: ..... DATE _____

FORM PREPARED BY: _____ SIGNATURE ..... DATE _____

INDICATE CHANGES REQUESTED / KEYED:

Internal Reference: ☐ YES ☐ NO Name and / or Address: ☐ YES ☐ NO Other: ☐ YES ☐ NO

All Required Supporting Documents provided: ☐ YES ☐ NO

Comments _____

CHANGES APPROVED BY: _____ SIGNATURE ..... DATE _____

CHANGES ENTERED BY: _____ SIGNATURE ..... DATE _____

CHANGES VERIFIED BY: _____ SIGNATURE ..... DATE _____