



DENNERY COMMUNITY CO-OPERATIVE SOCIETY LTD.

ACCOUNT UPDATE FORM

DATE:
ACCOUNT#:
ACCOUNT TYPE:

MEMBER PERSONAL INFORMATION

☐ Account Holder Name:	☐ Date of Birth:	☐ Country of Birth:	☐ Marital Status:
☐ Residential Address:			☐ Nationality:
☐ Identification Card#:	☐ Passport#:	☐ NIC/Social Security#:	☐ Driver's License#:
			Other:

CONTACT INFORMATION

☐ Postal Address:		
☐ Contact Numbers:		☐ Email Address:
Home	Work	Cell phone

EMPLOYMENT/BUSINESS INFORMATION

☐ Employer/School/Business Name:	☐ Occupation/Type:	☐ Status:
☐ Employer/School/Business Address:	☐ Employer/School/Business Contact #:	

UPDATED BENEFICIARY/TRUSTEE INFORMATION

☐ ***ADD/CHANGE BENEFICIARY/TRUSTEE***

I hereby nominate the following person(s) to whom or to whose credit the interest or the value of such share or interest held by me in the said Society shall in the event of my death be paid or transferred (in the proportions respectfully shown hereunder:

	Beneficiary/Trustee	Address	Relationship	Date Of Birth	Shares%	Legal Guardian Name
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

☐ ***REMOVE BENEFICIARY/TRUSTEE***

Name	Address	Relationship	Date Of Birth	Shares %

Member/Joint-Owner Signature: _____ Date: _____

Attesting Witness Signature: _____ Date: _____
(Employee Name & Signature)

General Manager _____ Date: _____

Secretary Signature: _____ Date: _____



“A politically exposed person (PEP) is an individual or their immediate relative/close associate who has been entrusted with a prominent function”. They occupy roles that can be exploited for the purpose of laundering illegitimate funds or other underlying crimes like bribery or fraud. Due to the potential risks linked to PEPs, Act mandate the implementation of enhanced AML/CFT/CPF procedures for business relationships involving PEPs. These stipulations are intended as preventative and should not be interpreted as implying that every Politically Exposed Person is engaged in illegal activities.

☐ Are you a Politically Exposed Person? Yes No	☐ PEP Position: <i>(Such as Government Minister, Government Agency Hierarchy, Parliament Member, Mayor, Political Party Official/Attaché etc.)</i>
---	--

☐ Primary Account Holder affiliations with Politically Exposed individuals:			
Spouse	☐	Sibling	☐
Child	☐	Uncle/Aunt	☐
Parent	☐	Grandparent	☐
		Parent-in-Law	☐
		Sister/Brother-in-law	☐
		Close/Business Associate	☐
		Joint Owner	☐
		Authorized Person	☐
		No Affiliation	☐

Are you a Citizen or Resident of another country besides Saint Lucia?	Country:	Are you a U.S. Citizen, Resident or Holder of a U.S. Green Card?
---	----------	--

Are you a Grantee of a Power of Attorney and/or a holder of a Power of Attorney for a person who is a non-resident of Saint Lucia?	Individual Name:	Country:	Relationship:
--	------------------	----------	---------------

Are any of your authorized signatories/joint-owner a Citizen or Resident of another country besides Saint Lucia? Yes () No ()	Individual Name:	Country:	Relationship:
---	------------------	----------	---------------

The following individual(s) should complete a FACTA/CRS Form:
 Account Holder () Joint-Owner () Authorized Signatory ()

Member's Signature: _____ Date: _____
 Attesting Witness: _____ Date: _____

OVERALL AML Risk To DECOS ☒ Low ☐ Medium ☐ High

Verified by Compliance Officer: _____

Name *Signature* *Date*
