



27 Parkington Plaza, Kingston 10

ACCOUNT INFORMATION FORM

HELP US TO SERVE YOU BETTER

This form should be accompanied by the following documents

1. Proof of Address (Utility bill in your name *(must include your parish)*, credit card statement, bank or hire purchase statement in your name; post marked envelope addressed to you; registered mail addressed to you; rent receipt or copy of lease agreement; cable receipt from a recognized cable company or completed Address Verification Form).
2. Valid Identification (Passport, Driver's License, Voters ID, Company ID)
3. Job Letter from employer and/or last pay slip
4. Tax Registration Number (TRN or other unique reference number issued in another country as follows: **SSN/TIN** – (US Resident /SIN- Canadian Resident/NIN- UK Resident)
5. **Self-employed proof of income: Completed IECCU Self Employment Verification Form along with Invoices/ receipts, contracts and income statements for the previous financial year to substantiate information.**
6. **Self-employed with registered business should submit the following in addition to the items 1,2,3,5,7,&8 above:**
 - **TRN for business**
 - **Submit proof of business address (utility bills).**
 - **Memorandum and Articles of Association**
 - **GCT Certificate**
7. If unemployed, letter addressed to The General Manager, IECCU - from the individual who is financially responsible for you stating same, along with a copy of their government issued I.D. and proof of employment (payslip/job letter, IECCU Self Employment Verification Form or Bank Statement) to provide proof of source of funding.

****** NB: PLEASE NOTE THE FOLLOWING**

- **Non-facing applicants:**
 - **Local residents, all documents must be witnessed by a Justice of the Peace (JP)**
 - **If residing overseas, all documents must be notarized by a Notary Public (NP)**
- **Individuals with Non-Jamaican address and/or Non-Jamaican Citizenship should complete an Individual Self-Certification Form**
- **All supporting documents should not be older than three (3) months.**
- **IECCU reserves the right to request from prospective members additional information to those stated above.**
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Kindly complete this form so that we may update our records.		
Name:		
Account #:	Date:	
Home Address:		
Home Address:		
Mailing Address:		
Mailing Address:		
Tel #(s): (H)	(M)	(W)
Emails: (Personal)	(Work)	
Name of Employer:		
Occupation:		
Employer Address:		
Salary: \$	Monthly () Fortnightly () Weekly ()	
State Source of Other Income: (eg. Taxi Service, Rent etc.)	Amount: \$ Monthly () Fortnightly () Weekly ()	
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I _____ declare that the information provided on this form is true and correct, authorize IECCU to verify all information provided, to obtain from anyone any additional information required to process this application, and to take any action it deems appropriate upon discovery of false, misleading, criminal or defamatory information.

IECCU will treat all member information confidentially. However, I understand and agree that from time to time this information and any updates provided by me may be:

- i. shared externally to confirm my identity,
- ii. shared with Credit Bureaus,
- iii. shared with information technology service providers,
- iv. shared with third-party service providers
- v. shared with regulators and government agencies to ensure that IECCU is compliant with its legal regulatory and administrative obligations.

I undertake to advise the IECCU promptly of any changes in my status including address, employment, contact information and to provide the required supporting documents. I accept that IECCU's policies and purposes are independent of the policies and purposes of other entities and may change from time to time.

IECCU reserves the right, in its sole discretion and without giving reasons, to terminate the account where it forms the view that continuing a relationship with me exposes it to legal, reputational or other risks.

Signature of Member:

Witness to Signature: