

Member's account maintenance form: -Sole Joint Account Date Branch: Orange Walk Belmopan _____ Account #____ Account Name Primary Account Holder's Name Alias Primary ID #: Soc. Sec. Passport _____ D.O.B. _____ Home ownership: Own Rent Other _____ ID expiry date_____ Current address Mailing address (if different from above): Cell Phone # Home Phone Email address Citizenship/Nationality (Indicate if dual nationality maintained) Sex: Male Female LICU Employee No Residency: Resident Non-Resident Yes Marital status: Single Married Divorced Common-law Widowed Separated Indicate and name contact person: Spouse Parents Guardians Other: Employment status: Minor Student Employed Self-employed Pensioner Gov't Aid Un-employed Employer/school_____ Phone No. Address Occupation Employed since Annual income (\$) Other occupation (if required)_____ Annual income(\$) _____ Total Annual Income(\$) Secondary Account Holder's Name _____ _____Alias___ Primary ID: Soc. Sec. D.O.B. Passport _____ ID Expiry Date Other Home ownership: Own Rent Current Address Mailing Address (if different from above):_____ Cell Phone # Home Number: Email address: Citizenship/Nationality (Indicate if dual nationality maintained) Residency: Resident LICU Employee Yes No Non-Resident Sex: Male Female Marital Status: single married divorced common-law widowed separated Indicate and name contact person: Spouse Parents Guardians Others: Un-employed Gov't Aid Employment status: Minor Student Employed Self-employed Pensioner Phone No. Employer/school_____ EmployerAddress Occupation_____ Employed since _____ Annual income (\$)_____ Other occupation (if required)_____ Annual Income (\$) Total Annual Income (\$) **Type of Account(s):** Shares **Regular Savings** Loans **Purpose of account:** Source of ongoing deposits to account: Primary Other source Type of deposits to account: Cash Checks Transfers/other (specify) \$1,250 \$1,500 \$1750 \$2000 <\$500 \$1,000 **Expected monthly deposits:** \$2,750 \$3,001 \$2250 Specify Range \$2500 **Expected amount of monthly deposit activity:** 1-5 6-10 >10 Expected amount of monthly withdrawal activity: 1-5 6-10 >10

Prepared by:	Checked & verified by:	Authorized by:	Member's Initials
Risk rating: low/medium/high	(initials) (for official	use only)	



Account activity: Other: Verification to support infor Primary account holder: One a Secondary account holder (if r Other signatory (if required): r Primary account holder: Proof Secondary account holder: Proof Secondary account holder: Proof Other signatory: Proof of addr Stamp affix confirming OFACA Last Reviewed Date:	Piece of Identification (Soci required): One Piece of Iden One Piece of Identification (of address (utility bill/ ban oof of address (utility bill/ b ress (utility bill/ bank statem	al Security/ Passport): ntification (Social Security/ (Social Security/ Passport). k statement/documented sit ank statement/documented nent/documented	re visit; other) site visit; other)
Account activity: Other: Verification to support inform Primary account holder: One a Secondary account holder (if r Other signatory (if required): o Primary account holder: Proof Secondary account holder: Proof Other signatory: Proof of additional activity.	Piece of Identification (Soci required): One Piece of Iden One Piece of Identification (of address (utility bill/ ban oof of address (utility bill/ b ress (utility bill/ bank statem	al Security/ Passport): ntification (Social Security/ (Social Security/ Passport). k statement/documented sit ank statement/documented nent/documented	Passport): re visit; other) site visit; other)
Account activity: Other:	mation obtained for this a	ррисацоп	On File
Account activity:		nnliaatian	
Identification: Proof of Address:	Not in place Not in place Not in place		
Purpose of Maintena Purpose of Maintena	ance / Disclose Pendin ance Form:	g Item:	
Member's signature (if join	t account)	Date:	
Member's signature		Date:	
I/We hereby instruct LICU to a Kindly update my/our account specia I/We accept the LICU Membersh	men signature card accordingly	. Effective date:	of
I/We authorize the following signatory account. Name other authorized signatory (Identification and proof of address requ			y deem necessary in relation to the regular deposit
Money Lending Services		ey Transfer Service Providers	ing businesses in or from within Belize, (MTSP)?
casino real estate age non- governmental organizations legal professionals, accountants, aud	ents dealers in preci- vehicle dealers	ous metals and stones	ing businesses in or from within Belize, non-profit organization lawyers, notaries, other independent business operating in a free zone area?
government or a senior officer of a	official in the executive, legisl local or a foreign political pa ose personal or professional rel	ative, administrative, military rty, or senior executive of an	siblings, spouse/common-law partner and/or or judicial branch of the local or a foreign enterprise owned by the local or a foreign al? Yes No. If "yes", please provide
		damage which may be caused	y and regulatory authorities as required and I by it acting in accordance with applicable
that the Credit Union shall not be re laws, regulations or rules under the in *Are you or any of the account hold			