Dormant Account Reactivation

INFINITI CO-OP. CREDIT UNION JA. LTD.

Branch: ◯ Church Street ◯ Fairview ◯ Falmouth ◯ Harbour Circle ◯ Linstead
◯ Lucea ◯ Mandeville ◯ Old Harbour ◯ Oxford Terrace ◯ Portmore
◯ Spanish Town ◯ UWI ◯ UTECH

Member Number:								Date of Reactivation:	

A: PERSONAL INFORMATION

SURNAME	FIRST NAME	MIDDLE NAME(S)	◯ MR. ◯ MRS. ◯ MS. ◯ DR. ◯ OTHER ____
MAIDEN NAME	PREVIOUS NAME (IF CHANGED)	ALIAS	
DATE OF BIRTH (DD/MM/YYYY)	TAX REGISTRATION NUMBER (TRN)	MARITAL STATUS ◯ SINGLE ◯ MARRIED ◯ DIVORCED ◯ WIDOWED ◯ SEPARATED	
TYPE OF IDENTIFICATION ◯ VOTER'S ID ◯ PASSPORT ◯ DRIVER'S LICENCE ◯ OTHER _____	IDENTIFICATION #	ID EXPIRY DATE (DD/MM/YYYY)	
CURRENT HOME ADDRESS	◯ OWN ◯ RENT ◯ OTHER	YEARS THERE	
PREVIOUS HOME ADDRESS	◯ OWN ◯ RENT ◯ OTHER	YEARS THERE	
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)			
EMAIL ADDRESS	HOME TELEPHONE #	MOBILE TELEPHONE #	

ARE YOU A POLITICALLY EXPOSED PERSON? ◯ YES ◯ NO

IF YES, STATE OFFICE (S) HELD:

ARE YOU RELATED TO / ASSOCIATED WITH A POLITICALLY EXPOSED PERSON? ◯ YES ◯ NO

IF YES STATE:

NAME OF PEP _____

OFFICE HELD _____

RELATION TO YOU _____

NAME OF EMPLOYER	OCCUPATION	◯ FULL-TIME ◯ PART-TIME ◯ SELF-EMPLOYED ◯ OTHER _____
ADDRESS OF EMPLOYER		TELEPHONE #

ARE YOU RELATED TO ANY EMPLOYEE(S) OR VOLUNTEER(S) OF INFINITI CO-OPERATIVE CREDIT UNION? ◯ YES ◯ NO

IF YES STATE:

NAME: _____ NAME: _____

RELATION: _____ RELATION: _____

PURPOSE OF REACTIVATION

B: MEMBER'S DECLARATION

I hereby apply to reactivate my membership in Infiniti Co-operative Credit Union Jamaica Limited and declare that the information provided on this application is true and agree to notify Infiniti of any material changes thereto. I authorize Infiniti to obtain any information it may require, relating to this application from any source it deems relevant. I agree to conform to the Rules and amendments thereof.

_____ _____

SIGNATURE OF MEMBER DATE

C: FOR CREDIT UNION USE ONLY

MANDATORY CHECKLIST		OPTIONAL CHECKLIST	
☐ IDENTIFICATION	☐ TRN (if not on file)	☐ NOMINATION FORM	☐ SIGNATURE CARD
☐ PROOF OF ADDRESS	☐ TAX RESIDENCY CERTIFICATION	☐ AUTHORITY AND INDEMNITY	☐ POWER OF ATTORNEY

_____ ONBOARDING OFFICER'S NAME	_____ SIGNATURE	_____ DATE
_____ CHECKED BY NAME	_____ SIGNATURE	_____ DATE
_____ APPROVED BY (SENIOR MANAGER)	_____ SIGNATURE	_____ DATE