



Member Profile Form

P O Box 1450 Grand Cayman KY1-1110 CAYMAN ISLANDS Telephone:

(345)949-8415 Fax: (345)949-8910 Website: www.cicsa-creditunion.org

GENERAL INFORMATION

Full Name:		Member #
Physical Address:		
P O Box:	E-mail:	
City:	State/KY Code:	Country:
Work Tel:	Cell:	Home Tel:
Gender <input type="radio"/> Male <input type="radio"/> Female	DOB	Place of Birth:
Nationality:		Country of Residence:
Employer:		
Occupation:	Tenure:	Salary:
Spouse's Name:		Spouse's Nationality:
Spouse's Employer:		Spouse's Salary:
Do you or your spouse receive any other source of income from your Country of Citizenship? <input type="radio"/> Yes <input type="radio"/> No		
Status of Residential Address: <input type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Live With Family <input type="radio"/> Other _____		
Are you or your parent/child a Citizen, Green Card or Passport Holder of The USA or UK? <input type="radio"/> Yes <input type="radio"/> No If Yes please circle		
Is any member of your family a Politically Exposed Person(PEP)? <input type="radio"/> Yes <input type="radio"/> No If yes please advise		
The name of the PEP:		Relationship to the PEP:

BENEFICIARY INFORMATION

NAME & RELATIONSHIP		CONTACT INFORMATION		% PROPORTION
Name:	Relationship:	Mailing address:	Phone number:	
Name:	Relationship:	Mailing address:	Phone number:	
Name:	Relationship:	Mailing address:	Phone number:	

MEMBER TRANSACTION ACTIVITY

Approximate Monthly Credits: \$ _____	Approximate Number of Monthly Credits: _____
Approximate Monthly Debits: \$ _____	Approximate Number of Monthly Debits: _____

The Purpose of My Account is _____

MEMBER DECLARATION

All credits to this account will be beneficially owned by me The information listed above is true

Dated

Witness Signature

CU staff member, JP or Notary Public