**Reactivation / Update of Accounts Form**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Acc#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home **( )**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell **( )**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work **( )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Home & Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source of Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected Monthly Deposits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident of Jamaica?\_\_\_\_ If No, state address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Reference #(SSN etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If none, state reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Salary: \_\_\_\_\_\_\_\_\_\_\_\_

**If Self Employed:** Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Industry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate of Registration: \_\_\_\_\_\_Tax Compliance Certificate:\_\_\_\_\_\_ Licence/Permit:\_\_\_\_\_\_\_

**Politically Exposed Persons: Head of State/Government, Minister of Government, Member of the Judiciary, Military Official (Above Captain), Member of any House of Parliament, Police (Assistant Commissioner/above), Official of any political party, Director or CEO of any company in which the Government owns a controlling interest , Permanent Secretary, Chief Technical Director or Chief Officer in charge of the operations of a Ministry, Department of Government, Executive Agency or any other statutory body, Senior Management position in an international organization.**

Do you or your immediate family and close associates hold or have held any of the following positions locally or internationally? \_\_\_\_\_\_\_ I**f YES, state Name & Position held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Updated Beneficiary Contact Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL NAME** | **ADDRESS** | **OCCUPATION** | **TEL. NO.** | **EMAIL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**DECLARATION OF MEMBER**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that the information provided on this Form is true and correct and I understand and agree that this information and any updates provided by me may be shared internally to inform the processes, products and services of Gateway and externally to confirm my identity, with information technology, credit bureaus and other third-party and network service providers, or for Gateway to comply with legal, regulatory and administrative obligations from time to time.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**