

**KIDDIES ARM ACCOUNT
MEMBERSHIP APPLICATION FORM**

ACCOUNT #:

I, _____

of _____
(address)

Tel: _____ e-mail: _____

hereby apply for membership in the above named Society. I attend

(name of school)

Date of Birth _____ Birth Certificate / I.D. # _____ Sex: ☐ Male ☐ Female

Father's Name: _____ I.D. # _____

Mother's Name: _____ I.D. # _____

Legal Guardian (s) _____ I.D. # _____

_____ I.D. # _____

I hereby agree to abide by the laws and rules now in force or any which may be made hereafter.

I enclose \$ _____ for share purchase and \$ _____ Entrance Fee.

Date of application: _____ Recommended by: _____

Signature of Applicant: _____

Signature of Parent/Guardian: _____

Signature of Witness: _____

Beneficiary: _____

Relationship: _____

Address: _____

Contact #: _____

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ANNEX A: POLITICALLY EXPOSED PERSON (P.E.P.)

Are you a current or former member of any of the following classes:

- | | | | |
|------|--|------------------------------|-----------------------------|
| i. | Heads of Government or State? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ii. | Senior official in the executive, legislative, administrative or judicial branch of a local or foreign government, whether elected or not? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| iii. | Senior politician or senior official of a major political party? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| iv. | Senior executive of a government-owned commercial enterprise? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| v. | Senior military official? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| vi. | An immediate family member of a person mentioned in paragraphs (i) to (v) meaning the spouse, parents, siblings or children of that person and the parents, siblings and additional children of the person's spouse whether half or whole blood? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| vii. | Close personal or professional associate of a person mention in paragraphs (i) to (v) above? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, provide details:

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Nationality:

Name of Applicant:
(PLEASE PRINT)

Date:

Signature of Applicant:

.....

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Approved: _____

Date: _____

Secretary: _____

Signature: _____

President: _____

Signature: _____