JUDICIAL SERVICE STAFF CO-OPERATIVE FUND
(JUSCOFund)

JUSCOFund ...your fund for life!

CLIENT UPDATE FORM

(Mr./Ms./Dr./Mrs./Other)

FIRST NAME(S):

MIDDLE NAME

LAST NAME:

MAIDEN NAME

GENDER M F

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

DOB:

NATIONALITY:

TYPE OF IDENTIFICATION (Please tick)

DRIVERS LICENSE PASSPORT VOTERS ID GHANA ID SSNIT OTHERS

ID NUMBER:

ISSUED DATE D D M M Y Y Y Y EXPIRY DATE D D M M Y Y Y Y

ADDRESS

ACCOMODATION TYPE: OWNER TENANT FAMILY OWNED

EMAIL ADDRESS:

DIGITAL ADDRESS

MOBILE PHONE:

WHATSAPP NO.:

EMPLOYMENT

EMPLOYER

EMPLOYER'S ADDRESS

RANK/ POSITION/ JOB TITLE

UNIT

LOCATION

NEXT OF KIN

NAME OF NEXT OF KIN

DATE OF BIRTH

RELATIONSHIP TO APPLICANT

CONTACT NO

CHANGE OF MONTHLY CONTRIBUTION

CONTRIBUTION AMOUNT

MODE OF DEDUCTION

EFFECTIVE MONTH OF CHANGE

BENEFICIARIES UPDATE

	NAME OF BENEFICIARY	DATE OF BIRTH	RELATION TO CLIENT	% OF SHARE
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....
5.	.....	.....	.....	.....
6.	.....	.....	.....	.....
7.	.....	.....	.....	.....

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DECLARATION BY CLIENT

I. _____ do hereby declare that, the information provided above me in this form are true, correct and accurate about me. I hereby further pledge to continue to abide by the Bye-Laws, policies and rules governing my membership and operation of the Fund, and agree to submit for any appropriate penalty for violation of the Bye-Laws, policies and rules of the Fund.

SIGNATURE OF CLIENT

DATE

FOR OFFICIAL USE ONLY

VERIFIED BY ACCOUNTANT

SIGNATURE

DATE: D D M M Y Y Y Y

CHECKED BY GENERAL MANAGER

SIGNATURE

DATE: D D M M Y Y Y Y