OPERATION SMILE FOUNDATION SAVINGS ACCOUNT

MEMBERSHIP / ACCOUNT OPENING

INSERT PASSPORT

Date _____

☐ NEW	☐ UPDATE	Member #

Important Information About Account Opening Procedures

To comply with regulatory standards, we obtain, verify, and record information that identifies each person when opening a new account. **What this means for you: When you open an account, we will ask for your name, address, date of birth, country ID or passport. We will also take your photograph for our records.**

Member/Owner Information		
☐ Update		
Name as listed on ID Card:	ID Number:	
Address:	ID Type:	Place of Issue:
City/State	Gender:	
Primary Phone:	Date of Birth:	Place of Birth:
Secondary Phone:		
Employer:	Occupation/Title:	

Other Particulars:		
Member has been recruited by:		
Name	Member Number	Date

Agreement

By signing or otherwise authenticating, I/we agree to the constitution of Operation Smile Foundation and to any amendments which are incorporated herein. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document and the Membership and Account Agreement applies to all of the accounts listed unless the Operation Smile Foundation is notified in writing of a change.

Right of survivorship information

In the event of my death, proceeds from the member shares are to be distributed equally to the following individuals:	
Next of Kin:	ID Number:
Address:	ID Type:
	Phone Number:
Next of Kin:	
Postal Address:	ID Number:
	ID Type:

signature of Member	Date

For official Use:

Date of admission:	Approved by management committee meeting minutes no _____ on date _____
Entrance Fee paid on:	First Share paid on:
Membership Number Assigned	Secretary Signature:
	Phone Number: