

# CUSTOMER INFORMATION UPDATE FORM



NAME OF COMPANY/ INSTITUTION \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Persons Authorized to Operate the Account (please complete in block letters and tick where necessary)

TITLE \_\_\_\_\_ SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Day Month Year

LGA \_\_\_\_\_ STATE OF ORIGIN \_\_\_\_\_ NATIONALITY \_\_\_\_\_

SEX: MALE  FEMALE

RESIDENTIAL ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_

MAILING/POSTAL ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOME PHONE NUMBER(S) \_\_\_\_\_ MOBILE PHONE NUMBER(S) \_\_\_\_\_

RELIGION: CHRISTIANITY  ISLAM  OTHERS

OCCUPATION \_\_\_\_\_

POSITION HELD \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS \_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE NUMBER(S) \_\_\_\_\_

MARITAL STATUS: SINGLE  MARRIED  DIVORCED  WIDOWED  OTHERS

SPOUSE'S NAME (Where applicable):

TITLE \_\_\_\_\_ SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
\_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_ WEDDING ANNIVERSARY DATE \_\_\_\_\_

NEXT-OF-KIN:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CUSTOMER IDENTIFICATION: [PLEASE ATTACH A COPY]

NATIONAL ID CARD  DRIVER'S LICENCE  INTERNATIONAL PASSPORT

ID NUMBER \_\_\_\_\_ ID ISSUE DATE \_\_\_\_\_ ID EXPIRY DATE \_\_\_\_\_

BVN \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_