

# Customer Data Update Form

## PERSONAL INFORMATION

Please tell us about yourself. \*All fields in asterisk are mandatory

\* BVN

\* Account Number:  \* Branch Office \_\_\_\_\_

\* Name  \* Gender  Male  Female

\* Title

\* Surname

\* First Name

\* Middle Name

\* Date of Birth

Marital Status: Single  Married  Divorced  Separated  Widow  Occupation

Residential Address (not P.O.Box)

\* Street

\* City  \* State

\* Country

Telephone Numbers (Including Area Code)

\* Mobile Phone Number

Email

\* Nationality  \* Residential Status

\* Country of Residence  \* Work/Resident permit  Other \_\_\_\_\_

\* Date of arrival  \* Date of Departure  } Mandatory for Foreign Nationals

Introduced by \_\_\_\_\_

## \* IDENTIFICATION (Your special identity to protect you)

Identification Type/ Particulars of Identification	Number	Date of Issuance		Valid Until		Country of Issuance (where applicable)	Issuing Authority
		D	D	M	M		
International Passport <input type="checkbox"/>							
National Identity Card <input type="checkbox"/>							
Driver's License <input type="checkbox"/>							
Resident's Permit <input type="checkbox"/>							
Work Permit <input type="checkbox"/>							
Tax Number <input type="checkbox"/>							
Pension ID <input type="checkbox"/>							
Other <input type="checkbox"/>							

**CUSTOMER IDENTIFICATION SECTION**

I hereby confirm that the information supplied herein is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature and Date or Right Hand and Thumb Print (if need be)

## FOR OFFICIAL USE ONLY

Action taken Internally \_\_\_\_\_

Name of action taker/Signature \_\_\_\_\_ Date \_\_\_\_\_