

INDIVIDUAL



CUSTOMER INFORMATION UPDATE FORM

Dear Customer,
Kindly complete this form. This is to enable us update and validate your record in order to serve you better.
Thank you.

Title: Customer Name: First Middle Surname

Account Type

Customer Account Number: [grid of boxes]

Branch where Account is maintained:

Non Resident: Yes No

Resident permit Number (For foreigners): Date of Arrival Visa No:

Permit Validity:

ID Type (Please tick one): International passport Driver's License National ID

ID Number of Customer: Date of Issue: dd/mm/yy Place of Issue:

Customer's Residential Address: City: State

Email Date of Birth Gender: M F

Job Title Marital Status:

Profession Business Line

Communication Address (If different from above)

Combined Statement: Yes No

Statement Mode (Please tick one) Post Email Hold

Table with 4 columns: Account Title, Account Number, Account Relationship, Nature of Account

Employer Name:

Employer Address:

Tel: No. (Mobile) Tel no. (Office/Home)

Economic Sector Tax Identification Number (if any)

Local Government Area: Country of Residence

Date of Employment: dd/mm/yy

Mother's Midden Name

Name of Child Child Birthday: dd/mm/yy

Name of Child Child Birthday: dd/mm/yy

Authorised Signatory(ies) Name(s) & Signatures

1
2

For office use only: Account Relationship Manager