

**CUSTOMER INFORMATION UPDATE FORM-INDIVIDUAL**

AFFIX  
PASSPORT  
PHOTOGRAPH  
HERE

Date \_\_\_\_\_ Account Number \_\_\_\_\_  
DD/MM/YYYY

Title \_\_\_\_\_ Name \_\_\_\_\_  
(Surname First)

Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gender: Male  Female  Marital Status: Single  Married  Others

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
DD/MM/YYYY

Nationality \_\_\_\_\_ State of Origin \_\_\_\_\_ Local Government \_\_\_\_\_

Telephone No \_\_\_\_\_ Email \_\_\_\_\_ Profession \_\_\_\_\_

Employer's Name/ Address \_\_\_\_\_  
\_\_\_\_\_

Name of Bank \_\_\_\_\_ Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ Date of Account Opening \_\_\_\_\_ BVN \_\_\_\_\_

Name of Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Next of Kin's Address/ Telephone Number \_\_\_\_\_  
\_\_\_\_\_

Means of Identification  
International Passport  Drivers license  Voter's Card (PVC)  National ID Card

Proof of Address  
Utility Bill  Current Bank Account Statement  Others \_\_\_\_\_

Account Signatory \_\_\_\_\_  
NAME SIGNATURE & DATE

Account Signatory \_\_\_\_\_  
NAME SIGNATURE & DATE

Approved by Head of Department \_\_\_\_\_ Verified by Compliance Unit \_\_\_\_\_