



CUSTOMER UPDATE FORM

DATE (DD/MM/YYYY) _____

ACCOUNT NUMBER _____

THIS SECTION IS FOR INDIVIDUAL / JOINT ACCOUNT HOLDERS ONLY

Details of Account Holder Joint Account Holder/Trustee

Sex: Male Female **Title:** Mr. Mrs. Miss Dr. Other (Please Indicate)

Surname _____ Other Names _____

Date of Birth (DD/MM/YYYY) _____ Nationality _____

Next of Kin _____ Mother's Maiden Name _____

Occupation _____ Employer's Name _____

Employer's Address (Street and Postal) _____

Office Phone Number _____ Tax Identification number _____ Approx. Annual Income (N) _____

Home Address _____

City/ Town _____ State _____ Mobile Phone Number _____

Email Address (Please Fill in **CAPITAL LETTERS**) _____ Correspondence Address _____

THIS SECTION IS FOR CORPORATE / ENTERPRISE ACCOUNT HOLDERS ONLY

Name of Company _____

RC Number _____ Date of Incorporation (DD/MM/YYYY) _____

Type of Business _____ Country of Incorporation _____

Business Address (Street and Postal) _____

Parent Company (If any) _____

Parent Company's Country of Incorporation _____ CSO SIGNATURE.....

Telephone Number _____ SCUML Number _____ BSM SIGNATURE.....

Email Address _____

The Company's annual turnover is between (N millions)
0 100 101 500 501 1000 1000 2000 2001 above

Customer's Signature _____

Customer's Signature _____