



WEMA BANK
RC 575

ACCOUNT UPDATE FORM (INDIVIDUAL)

Customer Details

Account Name _____
(Surname/First Name/Middle Name)

Account No. 1

--	--	--	--	--	--	--	--	--	--

 BVN

--	--	--	--	--	--	--	--	--	--

Please Indicate Other Related Account(s) That You Wish To Update/ Reactivate

Account No. 2

--	--	--	--	--	--	--	--	--	--

 Account No. 3

--	--	--	--	--	--	--	--	--	--

Please tick as appropriate ☐ Customer Information Update ☐ Account Reactivation Reason for Dormancy _____
(Where Applicable)

Name Change

New Name _____
(Surname/First Name/Middle Name)

Reason For Name Change ☐ Marriage ☐ Others _____
(Please Attach Supporting Document)

Contact Information

Old Residential Address _____

New Residential Address _____
(For Change of Address Only)

Nearest Bus Stop/Landmark _____ City/Town _____

Local Govt. Area _____ State _____

Old Phone Number

--	--	--	--	--	--	--	--	--	--

 New Phone Number

--	--	--	--	--	--	--	--	--	--

(For Change of Phone Number Only)

Old E-mail Address _____ New E-mail Address _____
(For Change of E-mail Address Only)

Details of Next of Kin (Where Applicable)

Full Name _____
(Surname/First Name/Middle Name)

Relationship _____ Tel/Mobile

--	--	--	--	--	--	--	--	--	--

E-mail Address _____

Contact Address _____

Other Information

Date of Birth

D

D

 /

M

M

 /

Y

Y

Y

Y

 Marital Status ☐ Single ☐ Married ☐ Others _____

Maiden Name _____ Mother's Maiden Name _____

Nationality _____ State of Origin _____ Local Govt. _____

Employer's Name _____ Nature of Business/Occupation _____

Office Address _____

Date of Employment

D

D

 /

M

M

 /

Y

Y

Y

Y

 Tax Identification No. _____

Means of Identification ☐ International Passport ☐ National ID ☐ Driver's License ☐ Voter's Card ☐ Others _____

Identification No. _____ Expiry Date

D

D

 /

M

M

 /

Y

Y

Y

Y

Residence/Work Permit No. _____ Expiry Date

D

D

 /

M

M

 /

Y

Y

Y

Y

 Nationality _____
Foreigners Only

Signature _____

D

D

 /

M

M

 /

Y

Y

Y

Y

 Signature _____

D

D

 /

M

M

 /

Y

Y

Y

Y

For Official Use Only

Please tick as applicable ☐ Marriage Certificate ☐ Utility Bill ☐ Sworn Affidavit ☐ Proof of ID ☐ Newspaper Publication

CCO's Name: _____ CCO's Signature _____

D

D

 /

M

M

 /

Y

Y

Y

Y

BSM's Name: _____ BSM's Signature _____

D

D

 /

M

M

 /

Y

Y

Y

Y
