

## ACCOUNT UPDATE FORM-INDIVIDUAL

|  |         | D D |  | M M |  | Y Y Y Y |                 |  |  |  |  |  |            |  |  |  |  |  |  |
|--|---------|-----|--|-----|--|---------|-----------------|--|--|--|--|--|------------|--|--|--|--|--|--|
| Account Name   |         |     |  |     |  |         |                 |  |  |  |  |  |            |  |  |  |  |  |  |
|  | Surname |     |  |     |  |         | Middle name     |  |  |  |  |  | First Name |  |  |  |  |  |  |
| Name of Signatory  |         |     |  |     |  |         |                 |  |  |  |  |  |            |  |  |  |  |  |  |
|  | Surname |     |  |     |  |         | Middle name     |  |  |  |  |  | First Name |  |  |  |  |  |  |
| Account Number:  |         |     |  |     |  |         | E-mail Address: |  |  |  |  |  |            |  |  |  |  |  |  |
| Type of Update: Account Reactivation <input type="checkbox"/> Information Update <input type="checkbox"/> Signature <input type="checkbox"/> Name change <input type="checkbox"/> Passport Photograph <input type="checkbox"/> |         |     |  |     |  |         |                 |  |  |  |  |  |            |  |  |  |  |  |  |
| Biometric Update <input type="checkbox"/>  |         |     |  |     |  |         |                 |  |  |  |  |  |            |  |  |  |  |  |  |
| Card Preferences : Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card <input type="checkbox"/> Verve Card <input type="checkbox"/>                         |         |     |  |     |  |         |                 |  |  |  |  |  |            |  |  |  |  |  |  |
| State reason(s) for account dormancy _____   |         |     |  |     |  |         |                 |  |  |  |  |  |            |  |  |  |  |  |  |

### NAME CHANGE

Old Name \_\_\_\_\_ New Name \_\_\_\_\_

Reason for Name Change: Marriage ☐ Others ☐ Please specify \_\_\_\_\_

For customer information, signature and passport photograph update, please attach appropriate supporting documents.

### IDENTIFICATION/ADDRESS PROOF

ID Type: International Passport ☐ Driver's License ☐ National ID ☐ Others ☐ Please specify \_\_\_\_\_

ID Number: \_\_\_\_\_ Place of Issuance \_\_\_\_\_

Date Issued \_\_\_\_\_

### CUSTOMER INFORMATION UPDATE

Please tick required section as appropriate

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

Country of Residence: \_\_\_\_\_

Local Govt Of Residential Address: \_\_\_\_\_ Nearby Landmark \_\_\_\_\_

Residence/Work Permit No(for foreigners): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have dual citizenship ☐ Yes ☐ No ☐ If yes, please specify \_\_\_\_\_

If US Citizen, please provide:

Social Security Number : \_\_\_\_\_

State of Origin: \_\_\_\_\_ Local Govt of Origin: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Tax Identification No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Phone No. of Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

### PASSPORT AND SIGNATURE UPDATE

Please tick required section as appropriate

|     |               |               |
|-----|---------------|---------------|
| Pix | Old Signature | New Signature |
|-----|---------------|---------------|

### CERTIFICATION

I, \_\_\_\_\_ certify that the information provided by me above are true and correct and hereby authorize the update

Customer Signature & Date \_\_\_\_\_

### FOR OFFICIAL USE

Kindly tick the relevant check box based on the documentation provided by the customer

Utility Bill ☐ Marriage Certificate ☐ Sworn Affidavit ☐ Identity Card ☐ Others (Please specify) \_\_\_\_\_

CCO \_\_\_\_\_ BM \_\_\_\_\_

Name/Signature/Date