

BVN UPDATE FORM

Bank Verification Number (BVN)

2 2 3 3 3 2 4 5 1 9 6

Account Number

Surname

A G H A Y E R E

First Name

O S A Y A M E N

Middle Name

Mobile Phone number

0 8 1 8 1 6 5 0 3 6 6

Special needs: Yes ☐ No ☐ If yes, explain

Select Request

Linking ☐

Change of BVN Details ☒

Correction details

Kindly complete table below for change in details

Change required (tick as applicable)

Name ☒

Date of Birth ☐

Phone Number ☐

Gender ☐

Current Detail	New Detail	Reason for Change
AGHAYERE OSAYAMEN	OSAYAMEN JASON	PERSONAL REASONS

Agreement Clauses

- I agree to submit Biometric information to the bank as may be reacquired for account opening and operation purposes, to authenticate and enhance security of my account and transaction from time to time.
- I understand that a Biometric is a unique physiological data such as fingerprint, iris and hand scan or face and voice recognition, used to positively identify a particular person.
- I hereby attest the above information is true and complete and equally authorise UBA to update my details accordingly.

Disclaimer Clause

I understand that the bank may be obliged to disclose my information/details including my Biometric details to regulators, law enforcement agencies and such other bodies as may be entitled to request for same. While UBA will exercise due care to ensure that biometric information are kept secure, UBA shall not be liable for any disclosures made pursuant to law or other regulatory directives.



15/07/2022

Signature & Date

For Bank Only

☐ Finger print verification on ZF1 device ☐ Validation on NIBSS Portal ☐ Verification with details on Core Banking Application

We have checked and confirmed all processes ticked above to be complete and accurate in line with the policy provision of the Bank. We also take responsibility for any error(s) emanating from modifying unverified BVN linked to account.

Customer ID: _____

Verified by: _____

Name

Signature & Date

Approved By (BOM): _____

Name

Signature & Date