

INDIVIDUAL UPDATE FORM



Guaranty Trust Bank plc

Dear customer,

Kindly complete this form. This is to enable us validate your record in order to serve you better. .

Branch: ABA ROAD, P.H Account No. 0119434964
Surname: IYOWU First Name: MUYIWA Middle Name: OLABODE
Title: MR Date of Birth: (DD/MM/YYYY) 09/06/1990
Residential Address: 9 6 CORNWALLIS CRESENT, PORTSMOUTH HAMPSHIRE, UK
Correspondence Address: 6 CORNWALLIS CRESENT, PORTSMOUTH, HAMPSHIRE, UK. PO1 4DF
Email Address: muyiwa iyowu @ gmail . com
Nationality: NIGERIAN Residence/Work Permit No(for foreigners): _____
I.D Type (Tick One)
International passport ☒ Drivers License ☐ National I.D ☐ Others (pls specify) _____
I.D Number of Customer : A03560807 Date of Issuance: 17/02/2012
Place of Issuance: PORT HARCOURT Mother's Maiden Name: ODESOLA
Business Line/Occupation: STUDENT Job Title: STUDENT
Employer's Name: _____
Employer Address (Not P.O.Box): _____
Date of Employment: (DD/MM/YYYY) _____ Tax Identification No (Self): _____
Tel. No: (Mobile): +447440735441 Tel No: (Office/Home): +447440735441
Country of Residence: UNITED KINGDOM State of Origin: OYO STATE
Local Government Area of Origin: ATIBA LOCAL GOVT.
Name of First Child: _____ Child Birthday:(DD/MM/YYYY) _____
Next of Kin: Name JOSEPH IYOWU
Relationship: FATHER
Telephone No: 08038877763
Contact Address of Next of Kin: 9 BABA STREET, OBIWALI ROAD, RUMIGBO, PORTHARCOURT

Authorized Signatory

Name [Signature] Signature & Date: IYOWU MUYIWA . O

Please Note: Customers with account older than five years should please provide recent passport photograph and valid identification document. Thank you