



# Wema Bank | CUSTOMER INFORMATION UPDATE FORM (INDIVIDUAL)

PLEASE FILL IN THE REQUIRED INFORMATION AND SUBMIT THE COMPLETED FORM AT ANY WEMA BANK BRANCH NEAREST TO YOU. THANK YOU.

## ACCOUNT DETAILS

Account Name (Order - Surname/First Name/ Middle Name)

\_\_\_\_\_

Account No 1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch	_____
Account No 2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch	_____
Account No 3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch	_____
Account No 4.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch	_____

## PERSONAL DETAILS

Date of Birth   -   -     Sex  M  F Status  Married  Single  Widowed

Mother's Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Nationality \_\_\_\_\_ State of Origin \_\_\_\_\_ Local Govt. Area \_\_\_\_\_

Residential Address \_\_\_\_\_ Area/Town \_\_\_\_\_

Local Govt. Area \_\_\_\_\_ State \_\_\_\_\_ Postal Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Tel. No. (Home - State Code/Number)

Tel. No. (Office - State Code/Number)             Mobile No. 1             Mobile No. 2

## EMPLOYER'S DETAILS

Employer's Name \_\_\_\_\_ Business/Employer's Address (not P. O. Box) \_\_\_\_\_

Area/Town \_\_\_\_\_ Local Govt. Area \_\_\_\_\_ State \_\_\_\_\_ Tax ID No. (Self) \_\_\_\_\_

Electronic alerts on transactions	Statement delivery method	Means of Identification		
<input type="checkbox"/> SMS Alert <input type="checkbox"/> E-mail Alert <input type="checkbox"/> None	<input type="checkbox"/> By Post <input type="checkbox"/> By E-mail <input type="checkbox"/> Hold (Don't send)	Identification No.	Date of Issuance	Expiry Date
		<input type="checkbox"/> Int'l Passport _____	_____	_____
		<input type="checkbox"/> Driver's Licence _____	_____	_____
		<input type="checkbox"/> National ID _____	_____	_____
		<input type="checkbox"/> Proxy _____	_____	_____

## FOREIGNERS ONLY

Resident Permit No. \_\_\_\_\_ Expiry Date (dd/mm/yyyy) \_\_\_\_\_ Nationality \_\_\_\_\_

## NEXT OF KIN

Full Name (Surname/First name/Middle Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone/Mobile             Contact Address \_\_\_\_\_

## AUTHORIZATION

Account Signatory Name (Surname/First name/Middle Name) \_\_\_\_\_ Signature & Date \_\_\_\_\_

PLEASE CUSTOMERS THAT HAVE OPERATED THEIR ACCOUNT ABOVE FIVE YEARS PERIOD SHOULD PROVIDE RECENT PASSPORT PHOTOGRAPHS. THANK YOU.