ACCOUNT UPDATE FORM

Grooming Microfinance Bank

Please complete this form to enable us to update your record, which will allow us to serve you better.
Preferably in capital letters

Account No. _____

Title: Mr/Mrs/Miss/Dr/Chief/Sir _____ Date of Birth: DD/MM/YY _____ Gender: _____

BVN: _____ NIN: _____

Surname: _____ First Name: _____

Other Name: _____ Nickname: _____

Residential Address: _____

Bus Stop: _____ Landmark: _____

Occupation: _____ Position: _____

Business/Office Address: _____

Old Email Address: _____

New Email Address: _____

Old Mobile No: _____ New Mobile No: _____

Nationality: _____ State of Origin _____ LGA _____

I.D Type (Tick One) Kindly attach the corresponding ID

International passport ☐ Driver's License ☐ National I.D ☐ Others (pls specify) _____

I.D Number: _____ Date of Issuance: _____

Issuing Authority: _____ Expiring Date: _____

Next of Kin Information

Name: _____

Relationship: _____ Tel. No: (Mobile): _____

Contact Address: _____

Authorised Signatory

Name: _____ Signature & Date: _____

FOR BANK USE

Name: _____ Signature & Date: _____