

# SEAP Microfinance Bank Limited Rc:1108836

Ayodupe Olatunde House, Old Adeoyo-Hospital Road,  
Yemetu Alaadorin Junction, Ibadan, Oyo State, Nigeria.

Motto: ...Springs of Happiness



## INDIVIDUAL UPDATE FORM

Dear customer,

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

Branch: \_\_\_\_\_ Account No. \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Birth: (DD/MM/YYYY) \_\_\_\_\_ Sex: \_\_\_\_\_

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

Correspondence Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Residence/Work-Permit No(foreigners): \_\_\_\_\_

I.D Type (Tick One)

International passport  Driver's License  National I.D  Others (specify) \_\_\_\_\_

I.D Number of Customer : \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_ Expiring Date: \_\_\_\_\_

Place of Issuance: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Business Line/Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Employer Address (Not P.O.Box): \_\_\_\_\_

Date of Employment: (DD/MM/YYYY) \_\_\_\_\_ Tax Identification No (Self): \_\_\_\_\_

Tel. No: (Mobile): \_\_\_\_\_ Tel No: (Office/Home): \_\_\_\_\_

Country of Residence: \_\_\_\_\_ State of Origin: \_\_\_\_\_

Local Government Area of Origin: \_\_\_\_\_ Home Town: \_\_\_\_\_

Name of First Child: \_\_\_\_\_ Child's Birthday:(DD/MM/YYYY) \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Contact Address of Next of Kin: \_\_\_\_\_

Authorized Signatory

Name ..... Signature & Date: .....

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