

DIASPORA MIGRATION & UPDATE FORM (INDIVIDUAL)

Dear Valued Customer,

Kindly complete this form to enable us serve you better (all changes in current information must be supported by documented evidence): BLOCK LETTERS ONLY

BVN Linkage <input type="checkbox"/>	Account Reactivation <input type="checkbox"/>	Bank Verification Number (BVN) <input type="text"/>																
Account Number 1 <input type="text"/>	Branch of Domiciliation <input type="text"/>																	
Account Number 2 <input type="text"/>	Branch of Domiciliation <input type="text"/>																	
Account Number 3 <input type="text"/>	Branch of Domiciliation <input type="text"/>																	
Title <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Others																		
Surname <input type="text"/>																		
First Name <input type="text"/>																		
Middle Name <input type="text"/>																		
Date of Birth <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
D	D	M	M	Y	Y	Y	Y											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Email Address <input type="text"/>																		
Foreign Mobile Number <input type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Town/City</td><td>State</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td></tr> </table>	Town/City	State	<input type="text"/>	<input type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Country</td></tr> <tr> <td><input type="text"/></td></tr> </table>	Country	<input type="text"/>										
Town/City	State																	
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Country																		
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Preferred SMS Mobile Number (For Alert) <input type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Zip Code</td><td>Town/City</td><td>State</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	Zip Code	Town/City	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Country</td></tr> <tr> <td><input type="text"/></td></tr> </table>	Country	<input type="text"/>								
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Alert Deactivation <input type="checkbox"/>	Old Mobile Number <input type="text"/>																	
	Old e-mail Address <input type="text"/>																	
Foreign Residential Address <input type="text"/>																		
City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>																
Nationality <input type="text"/>																		
Occupation <input type="text"/>	Expected Annual Income <input type="text"/>																	

Nigerian Contact Details (Optional)

Title <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Others		
Full Name <input type="text"/>		
Mobile Telephone <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship <input type="text"/>
Residential Address <input type="text"/>		

Customer Confirmation

Checklist for accompanying documents

- Notarized or verified Proof of Address, Valid proof of address of residency e.g Current Utility Bill not exceeding 3months country of residence.
- Notarized or verified Valid Proof of Identification - Nigerian Driver's License or Nigerian International Passport or Nigerian National or foreign passport with Nigeria stated as place of birth.

Note: Account(s) to be funded immediately after re-activation to avoid going back to dormancy.

I/We hereby authorise First Bank of Nigeria Ltd. to reactivate this account(s) which has been inactive. I/We confirm that the above information is correct and also agree that my/our account(s) shall be subject to the terms and conditions applicable by the bank to such account as may be amended from time to time.

Authorised Signature: Date:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Bank use only

Initiator <input type="text"/>	Signature <input type="text"/>	Date: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authoriser <input type="text"/>	Signature <input type="text"/>	Date: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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