

Individual Update Form

GTBank

Guaranty Trust Bank plc
RC 152321

Dear Customer,

Kindly complete this form. This will enable us validate your record and serve you better. Thank you.

Branch: _____ account no.:

Surname: _____
Please specify title

Other names: _____
First name Middle name

Date of birth:
Day Month Year

Residential address: _____

Correspondence address: _____

Email address: _____

Nationality: _____ Residence/work permit no.(for foreigners): _____

Please tick one
ID Type: International Passport: Driver's licence National ID Others (Please specify) _____

I.d number of customer : _____ Date of issuance:
Day Month Year

Place of issuance: _____ Mother's maiden name: _____

Business line/occupation: _____ Job title: _____

Employer's name: _____

Employer address (not P.o.box): _____

Date of employment: _____ Tax identification no.: _____

Tel. no.: (mobile): _____ Tel no.: (office/home): _____

Country of residence: _____ State of origin: _____

Local government area of origin: _____

Name of first child: _____ Child's birthday:
Day Month Year

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