

CUSTOMER INFORMATION UPDATE FORM

PLEASE FILL IN THE REQUIRED INFORMATION AND SEND THE COMPLETED FORM TO HELP@ALAT.NG

Account Details

Account Name _____

Account No

Bank Verification Number

Personal Details

Date of Birth / / Gender M F Marital Status Married Single Widowed

Mother's Maiden Name _____ Religion _____ Occupation _____

Nationality _____ State of Origin _____ Local Govt. of Origin _____

Residential Address _____ Area/Town _____

Landmark _____ Bus-Stop _____ Local Govt. _____

State _____ E-mail _____

Mobile 1 _____ Mobile 2 _____ Tel _____

For Phone Number and Email Update

What information do you wish to update? ☐ Phone Number ☐ E-mail

Old Phone Number New Phone Number

Old E-mail Address _____ New E-mail Address _____

Mean of Identification

☐ Int'l Passport ☐ Driver ☐ National ID ☐ Voter's Card (PVC) ☐ Nigerian Identification Number

ID No.

ID. Issue Date / /

ID. Expiry Date / /

Foreigners Only

Resident Permit No. _____ Issue Date / /

Expiry Date / /

Next of Kin

Full Name _____ Relationship _____
(Surname/First name/Middle Name)

Tel/Mobile _____ Contact Address _____

AUTHORIZATION

Account Signatory Name _____
(Surname/First name/Middle Name)

Please fill the required information and send the completed form to help@alat.ng

Signature & Date