FBNBank

CONFIDENTIAL
For existing customers only

INDIVIDUAL CUSTOMER INFORMATION UPDATE FORM

Dear Valued Customer,,
Kindly complete this form to enable us serve you better (All changes in current information must be supported by documentary evidence).

Account Update ☐ CRM Update ☐ Account Reactivation ☐ Reason for Dormancy _____

RM'S Staff No. _____ (Add RM'S No. if CRM Update is ticked)

Account Number 1 _____ Branch of Domiciliation _____

Account Number 2 _____ Branch of Domiciliation _____

Account Number 3 _____ Branch of Domiciliation _____

Title ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss. _____ Others

Surname _____

First Name _____

Middle Name _____

Mobile Telephone _____ ☐ Preferred ☐ Replacement ☐ Additional

Valid Email Address _____

Date of Birth [D D] [M M] [Y Y Y Y] Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Current Home Address _____

Nationality _____ Occupation _____

City _____ State _____ Country _____

Home Telephone _____ Office Telephone _____

Employer s Name and Address _____

For customers abroad

	Country Code	State Code	Number
Mobile Telephone			

Int'l Address (Not P. O. Box) _____

Mode of Identification

☐ International Passport ☐ Driver s License ☐ National ID Card ☐ Voter s Card Others _____

ID Number: _____ Date Issued: [D D][M M][Y Y Y Y] Expiry Date: [D D][M M][Y Y Y Y]

☐ Non Ghanaian ☐ Diplomatic mission

Nationality _____ Passport No _____ Country of Issue _____ Date Issued: [D D][M M][Y Y Y Y] Expiry Date: [D D][M M][Y Y Y Y]

Work/Residential Permit ☐ Yes ☐ No (If Yes) Date Issued: [D D][M M][Y Y Y Y] Expiry Date: [D D][M M][Y Y Y Y]

- I / WE CONFIRM THAT THE INFORMATION PROVIDED BY ME/ US IS TRUE, CORRECT AND COMPLETE
- I / WE HEREBY AGREE THAT THE INFORMATION I/WE HAVE PROVIDED ABOVE WILL BE USED BY THE BANK TO UPDATE MY/OUR BANKING RECORDS FROM TIME TO TIME
- I / WE AGREE TO INFORM THE BANK FROM TIME TO TIME, IF THE INFORMATION PROVIDED ABOVE CHANGES

Customer s Signature _____ Date: [D D][M M][Y Y Y Y]

For Bank use only

Initiator _____

Signature _____ Date: [D D][M M][Y Y Y Y]

Authorizer _____

Signature _____ Date: [D D][M M][Y Y Y Y]

(Original of the under listed documents must be sighted).
☐ 1. Photocopy or valid ID e.g. Int'l Passport, Driver s License or Voter s card
☐ 2. Photocopy of a utility bill
☐ 3. Photocopy of a Resident permit