



CUSTOMER INFORMATION UPDATE

Dear Customer,

To enable us serve you better, we request that you update your records with us by completing this form and returning same to any of our branches nationwide. (Please fill in black ink and BLOCK letters).

NAME: Mr./Mrs./Miss/Chief: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

DATE OF BIRTH (DD/MM/YYYY): _____

ADDRESS: _____

EMAIL ADDRESS: _____

MOBILE PHONE NUMBER(S): _____

HOME PHONE NUMBER(S): _____

OFFICE PHONE NUMBER(S): _____

LANGUAGE: _____ MOTHER'S MAIDEN NAME: _____

RELIGION (Please tick):

CHRISTIANITY

ISLAM

OTHERS

SEX (Please tick):

MALE

FEMALE

MARITAL STATUS (Please tick):

SINGLE

MARRIED

DIVORCED

WIDOWED

WEDDING ANNIVERSARY DATE (DD/MM/YYYY): _____

SPOUSE'S NAME: Mr./Mrs./Miss/Chief _____

SIGNATURE: _____ DATE: _____

Thank you for choosing to bank with Intercontinental Bank Plc.