

|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
|--|--|--|--|---|---|----------|----------|--|----------|--|--|---|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|
| <b>FOR OFFICE USE ONLY</b>   |  |  |  |   |   |          |          |  |          |  |  |   |  |  | <b>FOR OFFICE USE ONLY</b>                                       |  |  |  |  |                                    |  |  |  |  |  |
|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  | Agent Code   |  |  |  |  |                                    |  |  |  |  |  |
|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  | Origin State Code  |  |  |  |  |                                    |  |  |  |  |  |
| <b>DATA UPDATE FORM</b>  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>RSA PIN</b>   |  |  |  |   | <b>P</b>                                      |          | <b>E</b> |  | <b>N</b> |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Name (Surname, First Name, Middle Name)  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>Please tick the data section you want to update</b>   |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>Personal Data</b> <input type="checkbox"/>  |  |  |  |   | <b>Employer Data</b> <input type="checkbox"/> |          |          |  |          | <b>NoK Data</b> <input type="checkbox"/> |  |   |  |  | <b>Mandate</b> <input type="checkbox"/>                          |  |  |  |  |                                    |  |  |  |  |  |
| <b>PERSONAL DATA</b>   |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Name (Surname, First Name, Middle Name)  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Title  |  |  |  | Marital Status (S/M/D/W)                        |   |          |          | Mobile Number  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Email Address  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Residential Address  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Town   |  |  |  | LGA   |   |          |          | State  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Permanent Home Address   |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Town   |  |  |  | LGA   |   |          |          | State  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>PLEASE ATTACH AT LEAST 2 SUPPORT DOCUMENTS FOR NAME CHANGE AND TICK BELOW THE DOCUMENTS PROVIDED</b>                                  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>Newspaper Publication</b> <input type="checkbox"/>  |  |  |  | <b>Employer Letter</b> <input type="checkbox"/> |   |          |          | <b>Marriage Certificate</b> <input type="checkbox"/> |          |  |  | <b>Sworn Affidavit</b> <input type="checkbox"/> |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>EMPLOYER DATA</b>   |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Employer Name  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Office Address   |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Town   |  |  |  | LGA   |   |          |          | State  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Unit/Department  |  |  |  |   |   | Staff ID |          |  |          | Designation/Rank                         |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Employer RC No.  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>PLEASE ATTACH A SUPPORT DOCUMENT FOR EMPLOYER CHANGE AND TICK BELOW THE DOCUMENT (S) PROVIDED</b>                                     |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>Employment Letter</b> <input type="checkbox"/>  |  |  |  | <b>Pay Slip</b> <input type="checkbox"/>        |   |          |          | <b>Employer ID</b> <input type="checkbox"/>          |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>NEXT OF KIN (NoK) DATA</b>  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Name (Surname, First Name, Middle Name) of NoK   |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Relationship of NoK  |  |  |  | Gender of NoK (M/F)                             |   |          |          | NoK Mobile Number                                    |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Residential Address of NoK   |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| Town   |  |  |  | LGA   |   |          |          | State  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>RSA Holders Mandate</b>   |  |  |  |   |   |          |          |  |          |  |  |   |  |  | <b>FOR OFFICE USE ONLY</b>                                       |  |  |  |  |                                    |  |  |  |  |  |
| <b>Current Signature &amp; Date</b>  |  |  |  |   |   |          |          |  |          |  |  |   |  |  | <b>New Signature (where applicable) &amp; Date</b>               |  |  |  |  | <b>CSO's Signature; Date/Stamp</b> |  |  |  |  |  |
|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>PLEASE ATTACH AT LEAST 1 MEANS OF ID (National ID, Driver's License, International Passport, or Voters Card) FOR SIGNATURE CHANGE</b> |  |  |  |   |   |          |          |  |          |  |  |   |  |  | <b>Agent/CSO's Attestation</b>                                   |  |  |  |  |                                    |  |  |  |  |  |
|  |  |  |  |   |   |          |          |  |          |  |  |   |  |  |  |  |  |  |  |                                    |  |  |  |  |  |
| *Please ensure signature is according to your mandate.   |  |  |  |   |   |          |          |  |          |  |  |   |  |  | <a href="mailto:info@fcmbpensions.com">info@fcmbpensions.com</a> |  |  |  |  |                                    |  |  |  |  |  |

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