

	FOR OFFICE USE ONLY									
	Agent Code									
	Origin State Code									

DATA UPDATE FORM

RSA PIN	P	E	N																
Name (Surname, First Name, Middle Name)																			

Please tick the data section you want to update

Personal Data <input type="checkbox"/>	Employer Data <input type="checkbox"/>	NoK Data <input type="checkbox"/>	Salary/Contributions Data <input type="checkbox"/>
-----------------------------------------------	-----------------------------------------------	------------------------------------------	-----------------------------------------------------------

PERSONAL DATA

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															

PLEASE ATTACH AT LEAST 2 SUPPORT DOCUMENTS FOR NAME CHANGE AND TICK BELOW THE DOCUMENTS PROVIDED

Newspaper Publication <input type="checkbox"/>	Employer Letter <input type="checkbox"/>	Marriage Certificate <input type="checkbox"/>	Sworn Affidavit <input type="checkbox"/>
-------------------------------------------------------	-------------------------------------------------	------------------------------------------------------	-------------------------------------------------

EMPLOYER DATA

Employer Name																			
Office Address																			
Town		LGA		State															
Unit/Department										Staff ID					Designation/Rank				
Employer RC No.																			

PLEASE ATTACH A SUPPORT DOCUMENT FOR EMPLOYER CHANGE AND TICK BELOW THE DOCUMENT (S) PROVIDED

Employment Letter <input type="checkbox"/>	Pay Slip <input type="checkbox"/>	Employer ID <input type="checkbox"/>
---------------------------------------------------	------------------------------------------	---------------------------------------------

NEXT OF KIN (NoK) DATA

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															

SALARY/CONTRIBUTIONS (N: K) DATA

Annual Basic Salary	Annual Transport Allowance	Annual Housing/Rent Allowance	Monthly Employee Contribution	Monthly Employer Contribution	Voluntary Contribution

PUBLIC SECTOR (Only)

Salary Structure	Grade Level		Step		
------------------	-------------	--	------	--	--

RSA Holders Mandate															FOR OFFICE USE ONLY				
Current Signature & Date															CSO's Signature; Date/Stamp				
<i>New Signature (where applicable) & Date</i>																			

PLEASE ATTACH AT LEAST 1 MEANS OF ID (National ID, Driver's License, International Passport, or Voters Card) FOR SIGNATURE CHANGE

*Please ensure signature is according to your mandate. info@fcmbpensions.com