

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

FCMB Pensions hereby guarantees adequate protection and privacy of your personal information in line with the Nigeria Data Protection Act (2023) and will ensure at all times that the information/data collected (online or offline) from you will only be used for lawful purposes.