



OGIGE MICROFINANCE BANK LTD.
20 MARKET ROAD, ALU UDELE NSUKKA.
CUSTOMER ACCOUNT UPDATE FORM



Instruction: FILL IN BLOCK LETTERS

Account No.

General Information

Title: Mr/Miss/Mrs Religion: -----

Customer's Signature:

Surname:

Mother's Maiden Name: -----

Other Names:

LGA: -----

Address: ----- Mother Name: -----

Email: ----- State of Origin: -----

Phone No:

Landmark:

Personal Information

Home Town: -----

Date of birth (DD/MM/YYYY):

Place of Birth: -----

Marital Status: -----

Nationality: -----

BVN: -----

NIN: ----- State of Residence: ----- LGA of Residence: -----

Occupation: ----- Gender: -----

Home Address: -----

Work Information:

Occupation: ----- LGA----- State: -----

Employer Name: ----- Employer Country: -----

Employer Address: ----- Sector: -----

Next of Kin Information:

Name

Phone No.: -----

Relationship:

Email: -----

Address: -----