

Form Reference Number

Form reference number grid



PASSPORT PHOTO HERE

NAME SHOULD BE BOLDLY WRITTEN AT THE BACK OF THE PASSPORT

(With a White Background)

CLIENT FAMILIARITY INDEX

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS. All asterisked fields are compulsory.

RSA PIN Number

RSA PIN Number grid

1. PERSONAL DETAILS

Surname * grid

First Name * grid

Middle Name * grid

Title * grid

Marital Status * (SG/MD/DV/SP/WD) grid

Date of Birth (DD/MM/YYYY) * grid

Gender (M/F) * grid

State of Origin * grid

Mother's Maiden Name * grid

Means of ID (Please select as appropriate)

Int'l Passport Drivers License National ID Voter's Card

LGA Code * grid

Nationality * grid

ID Number * grid

Religion grid

Place of Birth grid

Bank Verification Number (BVN) grid

National Identity Card No (NIMC No) grid

1b. Residential Address

Residential Address * grid

Residential Address (Line 2) * grid

City grid

Postal/Correspondence address * grid

Postal/Correspondence address 2 * grid

Country Code * + grid - Contact Phone No grid

Country Code 2 * + grid - Contact Phone No 2 grid

State Code * grid - ZIP Code (If abroad) * grid

Country Code * + grid - Mobile Number grid

Email Address (Personal) grid (International Mobile/Tel. Number (for employees working abroad))

2. EMPLOYMENT RECORD

Employment Status * (F - Formal / I - Informal / R - Retirees) grid

Employer Code grid

Employer Name in Full e.g. Stanbic IBTC Bank Plc instead of I.B.T.C.

(To be completed by PFA)

Office Address * grid

Town * grid

State (See Attachment) * grid

7. EMAIL NOTIFICATION SETUP (Please tick as appropriate)

How would you like to receive your vital documents?

[Welcome letters, Statement of Account, Other Vital Information]

Post/Courier E-mail Only

* Please sign within the box printed to authorize request

8. ATTACHED PROOF OF ADDRESS (Please tick one as appropriate)

Utility bill within the past three months
 Valid Drivers License (not expired)
 Recent Tenancy Agreements
 Voters Card
 National ID Card
 Active Bank Statement (within the past 3 months containing current address)

9. ATTACHED PERSONAL IDENTIFICATION DOCUMENT (Please tick one as appropriate)

Bio Data Page of Current Int'l Passport
 Official/Company Identification Card
 Drivers License Card
 National Identity Card

10. CERTIFICATION

I certify that the information given above is correct and I consent to indemnify and / or discharge the National Pension Commission (PenCom) from any liability with regards to my Client Familiarity Index details.

Date (DD/MM/YYYY)

/ /

Signature (Please sign within)

*

	Little Finger print	Ring Finger print	Middle Finger print	Index Finger print	Thumb print
* Left	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>
* Right	<div style="border: 1px solid black; height: 100px; text-align: center; font-size: small;">BIOMETRICS CAPTURE ONLY</div>	<div style="border: 1px solid black; height: 100px; text-align: center; font-size: small;">BIOMETRICS CAPTURE ONLY</div>	<div style="border: 1px solid black; height: 100px; text-align: center; font-size: small;">BIOMETRICS CAPTURE ONLY</div>	<div style="border: 1px solid black; height: 100px; text-align: center; font-size: small;">BIOMETRICS CAPTURE ONLY</div>	<div style="border: 1px solid black; height: 100px; text-align: center; font-size: small;">BIOMETRICS CAPTURE ONLY</div>

11. CERTIFICATION

FOR INTERNAL USE ONLY

SALES REPRESENTATIVE

I hereby certify that I have sighted the original copies of documents provided by the RSA holder and that the information given above is correct to the best of my knowledge.

AUTHORISED SIPML AGENT

Agent Name:

Agent Location:

Agent Phone Number:

Agent Designation:

Date: / /

CLIENT RECORDS REPRESENTATIVE

I hereby verify that the form was correctly completed and relevant documents attached.

AUTHORISED SIGNATORY

SIPML Rep Name:

SIPML Rep Designation:

Date: / /

OFFICIAL USE ONLY

Form Reference Number:

Biometrics Registration Number (BRN)

Agent Code: