CFI FORM

Form Reference Number

Stanbic IBTC Pension Managers

CLIENT FAMILIARITY INDEX

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

RSA PIN Number
P E N

1. PERSONAL DETAILS

Surname *

First Name *

Middle Name

Title *

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

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

Gender (M/F) *

State of Origin *

Mother's Maiden Name *

Means of ID (Please select as appropriate)
Int'l Passport ☐ Drivers License ☐ National ID ☐ Voter's Card ☐

LGA Code *

Nationality *

ID Number *

Religion

Place of Birth

Bank Verification Number (BVN)

National Identity Card No (NIMC No)

1b. Residential Address

Residential Address *

Residential Address (Line 2) *

City

Postal/Correspondence address *

Postal/Correspondence address 2

Country Code * +

Contact Phone No -

Country Code 2 * +

Contact Phone No 2 -

State Code *

ZIP Code (If abroad) *

Country Code * +

Moble Number -

Email Address (Personal)

(International Mobile/Tel. Number (for employees working abroad)

2. EMPLOYMENT RECORD

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

Employer Code
(To be completed by PFA)

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

Office Address *

Town *

State (See Attachment) *

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Stanbic IBTC Pension Managers

CLIENT FAMILIARITY INDEX (CFI)

Form Reference Number

Designation *

State of Posting *

LGA Code *

ZIP Code (If abroad) *

Staff File No./ID No. *

Highest Qualification e.g (BSC, HND, PHD)

Type of Employment *
Full Time [F] | Part Time [P] | Contract [C]

Email Address (Official) *

Date of First Appointment (DD/MM/YYYY) * / /

Date of Current Employment (DD/MM/YYYY) / /

2b. PREVIOUS EMPLOYMENT RECORD

☐ Self Employed *(Please tick here if self employed)*

Business or Company Name in Full e.g. A-Z Business Limited.

Office Address

Town

State (See Attachment)

3. NOK DETAILS

Surname *

First Name *

Title

Middle Name

Gender (M/F) *

State of Origin *

Relationship *

Residential Address *

Town *

Country Code * +

Contact Phone No. -

ZIP Code (If abroad)

Country

Country Code * +

Mobile Number -

(International Mobile/Tel. Number (for employees working abroad)

Email

4. NAME OF BENEFICIARY (i.e the person to be paid in the event of the client's death)

Surname *

First Name *

Title

Middle Name

Gender (M/F) *

State of Origin *

Relationship *

Residential Address *

Town *

Country Code * +

Contact Phone No. -

ZIP Code (If abroad)

Country

Country Code * +

Mobile Number -

(International Mobile/Tel. Number (for employees working abroad)

Email

5. PUBLIC SECTOR EMPLOYEES

Salary Scale (e.g HAPSS, HATISS)

Total Annual Emolument N .

Grade Level

Step

Rate of Contribution - Employee %

Rate of Contribution - Employer %

6. PRIVATE SECTOR EMPLOYEES

Job Title

Rate of Contribution - Employee %

Rate of Contribution - Employer %

Total Emolument N .

Voluntary Contribution N .

3688331899

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Stanbic IBTC Pension Managers

CLIENT FAMILIARITY INDEX (CFI)

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 authorise 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**					
* **Right**	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY

11. CERTIFICATION

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: D D / M M / Y Y Y Y

FOR INTERNAL USE ONLY

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: D D / M M / Y Y Y Y

OFFICIAL USE ONLY

Form Reference Number

Biometrics Registration Number (BRN)

Agent Code

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