

CLIENT FAMILIARITY INDEX (CFI) FORM

Form Reference Number								

Affix your white

Б. шашла де североном шавинаци не сегообо		background Passport
Personal Information	F. Next of KIN Details	Photograph here taken in the last 3 months
a. Surname	Surname	(Name and sign at the
		back)
irst name	First name	
Aiddle name	Middle name	Current Employer Details
ormer name	Mobile Number	Name of Employer
. Date of Birth (DDMMYY) Place of Birth	Relationship of Next of KIN	
C. Gender (M/F) Marital Status Single	<u>Email</u>	Address
D. Nationality Married		
tate of Origin Divorced Widow	G. Beneficiary Details (i.e. the person to be paid in the event of the client's death)	I. For Bublic Society Only
ocal Government Area Bank Verification Number (BVN)	Surname	I. For Public Sector Only Salary Scale Rate of Contribution
. Current Home Address	First name	Employee
		Total Annual Emolument (Basic Salary, Transport and Housing) Total
	Middle name	Basic Salary, Iransport and Housing) Total
ostal Address (not P.O.Box or P.M.B)		Compat Condata and Compat Star (Normania)
	Mobile Number (International Format) +	Current Grade Level Current Step (Numeric)
ermanent Home Address	Telephone (Land Line - Intentional Format)	
	+	J. For Private Sector Only
	Email	Job Title
roposed Address after Retirement (if known)		
	Relationship	Total Annual Emolument
		(Basic Salary, Transport and Housing)
elephone (Land Line)	H. Previous Employer Details	
6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Name of Employer	Rate of Contribution (in %)
Aobile Number		Employee Employer AVC Total
SA PIN		
	Address	

DOCUMENTS TO BE ATTACHED

Personal Identification Document can be either of:

- Bio data page of current International passport
- Official/Company Identification card
- Driver's Licence
- Permanent Voters Card (PVC)
- Current National ID Card

Caveat: clients should attach recent passport photograph taken within the last 6 months and with white background. Name and signature should be indicated on the back of the passport photograph.

Name of Staff or Sales Agent:
Title/Designation:
Date:
Sign:

DETAILS OF STAFF ADMINISTERING CFI FORM

Client's Signature with date

CERTIFICATION
I
Certify that all the information given in this document is true and correct.
Signature and Date