



<b>CUSTOMER INFORMATION UPDATE FORM</b>	<b>OFFICE USE ONLY</b>
	CIF NUMBER <input style="width: 100%;" type="text"/>

If any of your records have changed recently, please update necessary information using this form.

**CUSTOMER INFORMATION**

ACCOUNT NUMBER: .....
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FULL NAME: MR /MRS /MS /MISS .....

DATE OF BIRTH : *DD* / *MM* / *YY* GENDER: *Please tick only one box*  MALE  FEMALE

MARITAL STATUS : *Please tick only one box*  MARRIED  SINGLE  DIVORCED  WIDOWED  DEFACTO

CITIZENSHIP: .....

MOBILE NUMBER: .....

EMAIL ADDRESS: .....

**RESIDENTIAL ADDRESS:** HOUSE NUMBER: ..... ALLOTMENT: ..... SECTION: .....

STREET ADDRESS: .....

SUBURB/VILLAGE: .....

TOWN/PROVINCE: ..... COUNTRY: .....

DATE MOVED IN : *DD* / *MM* / *YY* .....

**MAILING ADDRESS:** POST OFFICE BOX NUMBER: ..... POST OFFICE NAME: .....

TOWN: ..... PROVINCE: .....

COUNTRY: ..... ATTENTION: .....

**EMPLOYMENT DETAILS**

*Please tick only one box*

FULL TIME EMPLOYMENT  PART TIME EMPLOYMENT  RETIRED  UNEMPLOYED  SELF EMPLOYED

PROFESSION : .....

JOB TITLE: .....

EMPLOYER NAME: .....

DATE COMMENCED EMPLOYMENT: *DD* / *MM* / *YY* .....

YEARS AT CURRENT JOB: .....

BUSINESS EMAIL: .....

BUSINESS PHONE: .....

BUSINESS ADDRESS: .....

.....

.....

ANNUAL INCOME: .....

PASSPORT NUMBER: (*If applicable*) .....

NID NUMBER: (*If applicable*) .....

**CUSTOMER DECLARATION:**

*Terms and Conditions are available on our website and in our branches*

I certify that the information contained in this form is true and accurate and I accept the BSP's Terms & Conditions which apply to my account(s) and transactions which I conduct on my account(s)

SIGNED :

DATED : *DD* / *MM* / *YY* .....



**OFFICE USE ONLY**

CSO: NAME: ..... STAFF NUMBER: ..... SIGNED : ..... DATED : *DD* / *MM* / *YY* .....

AUTHORISING OFFICER: NAME: ..... STAFF NUMBER: ..... SIGNED : ..... DATED : *DD* / *MM* / *YY* .....