



CLIENT FAMILIARITY INDEX (CFI) UPDATE FORM

Recent passport taken within last 6 months on white background with client's name and signature written on backside of photograph

Please Complete in BLOCK LETTERS

1. PERSONAL IDENTIFICATION

A. NAME: SURNAME: _____ FIRSTNAME: _____ OTHERNAME: _____

B. DATE OF BIRTH: _____ PLACE OF BIRTH: _____ MARITAL STATUS: _____

C. FORMER NAME(S) (If any): _____ GENDER: _____

D. NATIONALITY: _____ STATE OF ORIGIN: _____ LGA: _____

PERMANENT HOME ADDRESS _____

HOME ADDRESS AFTER RETIREMENT _____

2. NEXT OF KIN

NAME OF NEXT OF KIN: _____

RELATIONSHIP: _____

EMAIL ADDRESS: _____

TEL. NUMBER +234: _____

NAME OF BENEFICIARY: _____

RELATIONSHIP: _____

EMAIL ADDRESS: _____

TEL. NUMBER +234: _____

3. CONTACT OF EMPLOYMENT

PREVIOUS EMPLOYER'S NAME

NAME: _____

ADDRESS: _____

CURRENT EMPLOYER'S NAME & ADDRESS

NAME: _____

ADDRESS: _____

OFFICE TEL NO: _____

DATE JOINED: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

RSA PIN: _____

4. PUBLIC & PRIVATE SECTOR EMPLOYEES

PUBLIC

SALARY SCALE: _____

STEP: _____

GRADE LEVEL: _____ BASIC SALARY: _____

TOTAL ANNUAL EMOLUMENT: _____

EMPLOYER CONTR: _____ TRANSPORT: _____

EMPLOYEE CONTR: _____ HOUSING: _____

PRIVATE

JOB TITLE: _____

TOTAL ANNUAL EMOLUMENT: _____

EMPLOYER CONTR: _____

EMPLOYEE CONTR: _____ ADD. VOL. CONTR: _____

I hereby authorize VG Pensions to effect the update indicated above: _____ / _____
Contributor's Signature Date

5. FOR OFFICIAL USE ONLY

Staff/Agent Name Sign Date Inputer Name Sign Date

Attach copy current Personal identification document like: Bio data page of current international passport, Official/Company identification card, Driver's License and National Identity Card.