



# Customer Information Update Form (Individual)

Account Name:  Account Number:  Branch:

Account Type: Esteem Saving:  .....specify..... Esteem Individual Acc:   
Other .....specify.....

## PERSONAL DETAILS

Gender: Male  Female

Race:

Last Name:

First Name:

Middle Name:

National ID Number:  Driver's Licence:

Passport Number:  Passport Expiry Date:

Date Of Birth:

Marital Status: Single  Married  Divorced  Widowed

Number Of Dependants:

## CONTACT DETAILS

Residential Address:

Town:  Province:

Postal Address:

Residence Status: Resident  Non Resident

Nationality: ..... Citizenship: .....

Residential Status: Homeowner  Tenant/Lodger  Other  .....specify.....

Home Phone Number:  Business Phone Number:

Mobile Number:  Fax Number:

Email 1:

Email 2:

## EMPLOYMENT DETAILS

Previous Employer:  Length of Employment:

Occupation:

Nature of Employment: Contract  Permanent  Part-Time  Retired: Pensioned

Non Pensioned  Unemployed  Other  .....specify.....

Monthly Income:..... Other Sources of Income:.....

Monthly Income from other sources: .....

Current Employer Name:

Position Held:

Employer Type: Self Employed  Private Company  Government  Public Company   
 Other  .....specify.....

Employer's Nature of Business:  
 Manufacturing  Mining  Commerce  Transport   
 Farming  Other  .....specify.....

Employer's Address:

Employer Phone Number:

**NEXT OF KIN**

Full Name:

Relationship:

Residential:

Tel Business:  Mobile:

Email:

Does next of kin bank with POSB? (please tick) Yes  No

**ELECTRONIC CHANNELS**

Please tick if you are registered for the following:

SMS Alerts  ATM Card  Cellbank  Internet Banking

Mobile number for SMS Alerts and Cellbank:

Internet Banking Registration Email:

Preferred Internet Banking User ID:

Wallet Banking Services (please tick): EcoCash  OneMoney  Telecash

Mobile Number registered

**MARKETING CAMPAIGN**

What initially motivated you to open a POSB account. (please tick):

**Advertising:**

Press  Brochure  Television  Radio

Internet  Outdoor/Billboard

Referral  Full Name of Referrer

Other  .....specify.....

