



**TOWER ASSETS
MANAGEMENT LIMITED**

MEMBER OF THE NIGERIAN STOCK EXCHANGE

SUITE 6, 2ND FLOOR, MAINA COURT,
PLOT 252A, HERBERT MACAULAY WAY,
OPPOSITE NNPC TOWERS,
CENTRAL BUSINESS DISTRICT, ABUJA - NIGERIA.
P.M.B 6100, GARKI, ABUJA
TEL/FAX: +234 (0) 922 230 38

CUSTOMER DATA UPDATE FORM

1. Surname	<input type="text"/>	Date	<input type="text"/>	Affix Passport Photo		
2. Other names	<input type="text"/>	Title	<input type="text"/>			
3. Sex: (Please tick appropriate) Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		Date of Birth	<input type="text"/>
4. Marital Status	<input type="text"/>	Occupation	<input type="text"/>			
5. Residential Address	<input type="text"/>					
	<input type="text"/>					
6. Postal Address	<input type="text"/>					
7. Phone Number (Mobile)	<input type="text"/>	<input type="text"/>				
8. Phone Number (Home)	<input type="text"/>	Phone Number (Office)	<input type="text"/>			
9. Email Address	<input type="text"/>	<input type="text"/>				
10. Next of Kin (NoK)	<input type="text"/>	Relationship	<input type="text"/>			
11. Mother's Maiden Name	<input type="text"/>					
12. Employer's Name & Address	<input type="text"/>					
	<input type="text"/>					
13. CSCS Account Number	<input type="text"/>	TAM Reference No.	<input type="text"/>			
14. Do you have a current account? (If yes) Bank Account Number	<input type="text"/>					
15. Bank Name and Address	<input type="text"/>					
16. Customer's Signature	<input type="text"/>	<input type="text"/>				

FOR OFFICIAL USE ONLY

Account Officer's Name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>