

CLIENT FAMILIARITY INDEX (CFI) FORM

	FOR OFFICE USE ONLY			
	Agent Code			
	Origin State Code			

PERSONAL DATA

RSA PIN	P	E	N																
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Name (Surname, First Name, Middle Name) _____

PLEASE ATTACH AT LEAST 2 SUPPORT DOCUMENTS FOR NAME CHANGE (IF ANY)

Newspaper Publication <input type="checkbox"/>	Employer Letter <input type="checkbox"/>	Marriage Certificate <input type="checkbox"/>	Sworn Affidavit <input type="checkbox"/>
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Title	Marital Status (S/M/D/W)	Mobile Number	
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Email Address _____

Residential Address _____

Town	LGA	State	
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Permanent Home Address _____

Town	LGA	State	
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PLEASE ATTACH ONE SUPPORT DOCUMENT FOR PROOF OF ADDRESS

Utility Bill <input type="checkbox"/>	Bank Statement <input type="checkbox"/>	Tenancy Agreement <input type="checkbox"/>	Voters Card <input type="checkbox"/>
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PLEASE ATTACH ONE SUPPORT DOCUMENT FOR PERSONAL IDENTIFICATION

Intl' Passport <input type="checkbox"/>	Employer ID <input type="checkbox"/>	Drivers Licence <input type="checkbox"/>	National ID <input type="checkbox"/>
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EMPLOYER DATA

Employer Name	
Office Address	

Town	LGA	State	
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Unit/Department	Staff ID	Designation/Rank
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Employer RC No.	Employer's Phone Number	Employer's Email
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PLEASE ATTACH ONE SUPPORT DOCUMENT FOR EMPLOYER CHANGE (IF ANY)

Employment Letter <input type="checkbox"/>	Pay Slip <input type="checkbox"/>	Employer ID <input type="checkbox"/>
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NEXT OF KIN (NoK) DATA

Name (Surname, First Name, Middle Name) of NoK _____

Relationship of NoK	Gender of NoK (M/F)	NoK Mobile Number
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Residential Address of NoK _____

Town	LGA	State	
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SALARY/CONTRIBUTIONS (N: K) DATA

Annual Basic Salary	Annual Transport Allowance	Annual Housing/Rent Allowance	Monthly Employee Contribution	Monthly Employer Contribution	Voluntary Contribution

PUBLIC SECTOR (Only)

Salary Structure	Grade Level	Step
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RSA Holders Mandate	CSO's Signature; Date/Stamp
Current Signature & Date	New Signature (where applicable) & Date
Agent/CSO's Attestation	



CLIENT FAMILIARITY INDEX (CFI) FORM

PASSPORT PHOTO

RSA PIN:

P	E	N															
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SURNAME:	FIRST NAME:	MIDDLE NAME:
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Finger Prints:

RIGHT THUMB (01)	RIGHT INDEX (02)	RIGHT MIDDLE(03)	RIGHT RING(04)	RIGHT LITTLE(05)
LEFT THUMB (06)	LEFT INDEX (07)	LEFT MIDDLE(08)	LEFT RING(09)	LEFT LITTLE(10)
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	LEFT & RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY		