



# CUSTOMER INFORMATION UPDATE FORM (CORPORATE)

PLEASE FILL IN THE REQUIRED INFORMATION AND SUBMIT THE COMPLETED FORM AT ANY WEMA BANK BRANCH NEAREST TO YOU. THANK YOU.

## Account Details

Account Name \_\_\_\_\_

Account No 1. 

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Branch \_\_\_\_\_

Account No 2. 

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Branch \_\_\_\_\_

Account No 3. 

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Branch \_\_\_\_\_

Reg. No.: \_\_\_\_\_ Incorp./Reg. Date.: \_\_\_\_\_ Registered Address: \_\_\_\_\_

\_\_\_\_\_ Area/Town: \_\_\_\_\_ LGA \_\_\_\_\_ State: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Tel. No. 1 (State Code/No.): \_\_\_\_\_ Fax Number (State Code/No.): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

## Signatory(ies) Details

### Signatory 1:

Name: \_\_\_\_\_  
Surname

First name \_\_\_\_\_ Other names \_\_\_\_\_

Position: \_\_\_\_\_ Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Signatory 2:

Name: \_\_\_\_\_  
Surname

First name \_\_\_\_\_ Other names \_\_\_\_\_

Position: \_\_\_\_\_ Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Director(s) Details

### Director 1:

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Director 2:

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Authorised Signatory(ies)

### Authorised Signatory 1

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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### Director 2:

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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