

CLIENT FAMILIARITY INDEX (CFI) FORM

PART A: PERSONAL DATA

RSA PIN _____

1. Surname _____ First Name _____ MiddleName _____
2. Date of Birth ____/____/____ Place of Birth _____
3. Gender Male Female Marital Status _____
4. Nationality _____ State of Origin _____ L.G.A _____
5. Current Home Address _____
6. Postal Address _____
7. Email _____ Tel _____
8. Name of Next of Kin _____
 a) Email _____ (b) Tel _____
9. Name of Beneficiary _____ Relationship _____
 a) Email _____ (b) Tel _____

PART B: EMPLOYMENT DETAILS

1. Name & Address of Previous Employer _____
 _____ JobTitle _____
2. Name & Address of Present Employer _____
 _____ JobTitle _____
 (a) Salary Scale _____ (b) Grade Level/Step _____
 (c) Annual Emolument _____ (d) Rate of Contribution _____
3. Attach any one of the following as Proof of Address:
 - Utility Bill
 - Valid Driver's License (Not Expired)
 - Recent Tenancy Agreement
 - Voters Card
 - National ID Card
 - Active Bank Statement (Within the past 3months) containing Current Address
4. Attach any one of the Following Personal ID Document:
 - International Passport
 - Official/Company ID Card
 - Driver's License
 - National ID Card

 Client's Signature

 Date

OFFICIAL USE ONLY

1. Staff/Sales Agent Name _____
2. Designation _____

 Signature

 Date

 Customer Care Init

 Enrollment Init