



**PERSONAL DETAILS UPDATE**

26 Commercial Avenue Sabo Yaba,  
P O Box 74139 Lagos.  
Tel: 01-9049470  
Website: www.fugpensions.com

**A. PERSONAL IDENTIFICATION**

P	E	N																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME: SURNAME:-----FIRST NAME-----OTHER NAME-----

**B. CHANGE OF NAME**

FORMER NAME SURNAME:-----FIRST NAME-----OTHER NAME-----

NEW NAME: SURNAME:-----FIRST NAME-----OTHER NAME-----

*(Note: Please attach a copy of affidavit or marriage certificate and newspaper publication.)*

**C. CHANGE OF EMPLOYMENT**

**PREVIOUS EMPLOYER'S NAME**

NAME:
ADDRESS

**NEW EMPLOYER'S NAME & ADDRESS**

NAME:
ADDRESS:
OFFICE TEL. NO :
DATE JOINED :
CONTACT PERSON :
E-MAIL ADDRESS :

**D. CHANGE OF NEXT OF KIN**

FORMER NEXT OF KIN-----RELATIONSHIP-----

NEW NEXT OF KIN-----RELATIONSHIP-----

DATE OF BIRTH-----PHONE NUMBER-----

ADDRESS----- **C.**

**CHANGE OF CORRESPONDENCE ADDRESS / MOBILE PHONE NO / E-MAIL ADDRESS**

**PREVIOUS**

**NEW**

ADDRESS:
MOBILE PHONE NO:
E-MAIL ADDRESS:

ADDRESS:
MOBILE PHONE NO:
E-MAIL ADDRESS:

**E. STATEMENT OF ACCOUNT**

Kindly state how you want your account statement dispatched to you:

(Please Tick) Via  SMS  E-Mail  Pick Up Others. Please specify .....

I hereby authorize FUG Pensions to effect the changes indicated above.

Contributor's Signature:-----

Date: -----

**FOR OFFICIAL USE ONLY**

Inputer(Sign & Date)	Authorizing Officer(Sign & Date)
----------------------	----------------------------------