

BVN Correction/ Update Form

OLD DATA	NEW DATA
First Name:	First Name:
Middle Name:	Middle Name:
Surname:	Surname:
Date of Birth:	Date of Birth:
Phone Number:	Phone Number:
E-Mail:	E-Mail:

Account Number:

BVN:

Bank of Enrolment:

Signature	Date

FOR OFFICE USE ONLY

Documents obtained (Where necessary)

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Approved ☐ Rejected ☐

Reason for Rejection

CCO	Branch Manager