



## REGULATORY DATA UPDATE FORM

Dear Valued Client

In order to serve you better and meet regulatory requirements, the records on your Retirement Savings Account need to be updated immediately. Please reconfirm the following data:

RSA PIN: \_\_\_\_\_

TITLE e.g. MISS/MS/MR: \_\_\_\_\_

MAIDENNAME: \_\_\_\_\_ DATE OF BIRTH (DD-MMM-YY): \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CORRESPONDENCE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ CITY: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER CITY: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ DATE CONFIRMED: \_\_\_\_\_ STAFF ID OR SERVICE NO: \_\_\_\_\_

GRADE LEVEL (for public sector staff only) : \_\_\_\_\_ STEP:(for public sector staff only): \_\_\_\_\_

YOUR NEXT OF KIN TITLE: \_\_\_\_\_ YOUR NEXT OF KIN SURNAME: \_\_\_\_\_

YOUR NEXT OF KIN FIRSTNAME: \_\_\_\_\_ YOUR NEXT OF KIN OTHERNAME: \_\_\_\_\_

YOUR NEXT OF KIN GENDER: \_\_\_\_\_ YOUR NEXT OF KIN RELATIONSHIP: \_\_\_\_\_

YOUR NEXT OF KIN CORRESPONDENCE ADDRESS: \_\_\_\_\_

YOUR NEXT OF KIN TOWN: \_\_\_\_\_

YOUR NEXT OF KIN MOBILE PHONE: \_\_\_\_\_

YOUR NEXT OF KIN EMAILADDRESS: \_\_\_\_\_

**PLEASE PROVIDE YOUR SIGNATURE:**

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Our current list of branches is available at on our website at <http://www.stanbicibtcpension.com/contactus.html>. You could also email the information to us at [pensionsolution@stanbicibtc.com](mailto:pensionsolution@stanbicibtc.com). We thank you for giving us the opportunity to be of service to you.