

CLIENT FAMILIARITY INDEX (CFI) FORM

FOR OFFICE USE ONLY

Agent Code

Origin State Code

PERSONAL DATA

RSA PIN

P

E

N

Name (Surname, First Name, Middle Name)

PLEASE ATTACH AT LEAST 2 SUPPORT DOCUMENTS FOR NAME CHANGE (IF ANY)

Newspaper Publication Employer Letter Marriage Certificate Sworn Affidavit

Title

Marital Status (S/M/D/W)

Mobile Number

Email Address

Residential Address

Town

LGA

State

Permanent Home Address

Town

LGA

State

PLEASE ATTACH ONE SUPPORT DOCUMENT FOR PROOF OF ADDRESS

Utility Bill Bank Statement Tenancy Agreement Voters Card

PLEASE ATTACH ONE SUPPORT DOCUMENT FOR PERSONAL IDENTIFICATION

Intl' Passport Employer ID Drivers Licence National ID

EMPLOYER DATA

Employer Name

Office Address

Town

LGA

State

Unit/Department

Staff ID

Designation/Rank

Employer RC No.

Employer's Phone Number

Employer's Email

PLEASE ATTACH ONE SUPPORT DOCUMENT FOR EMPLOYER CHANGE (IF ANY)

Employment Letter Pay Slip Employer ID

NEXT OF KIN (NoK) DATA

Name (Surname, First Name, Middle Name) of NoK

Relationship of NoK

Gender of NoK (M/F)

NoK Mobile Number

Residential Address of NoK

Town

LGA

State

SALARY/CONTRIBUTIONS (N: K) DATA

Annual Basic Salary

Annual Transport Allowance

Annual Housing/Rent Allowance

Monthly Employee Contribution

Monthly Employer Contribution

Voluntary Contribution

PUBLIC SECTOR (Only)

Salary Structure

Grade Level

Step

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RSA Holders Mandate

CSO's Signature; Date/Stamp

Current Signature & Date

New Signature (where applicable) & Date

Agent/CSO's Attestation

*Please ensure signature is according to your mandate.

info@legacypension.com

CS2

CLIENT FAMILIARITY INDEX (CFI) FORM



PASSPORT

RSA PIN:

P	E	N															
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SURNAME:	FIRST NAME:	MIDDLE NAME:
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Finger Prints:

RIGHT THUMB (01)	RIGHT INDEX (02)	RIGHT MIDDLE(03)	RIGHT RING(04)	RIGHT LITTLE(05)
LEFT THUMB (06)	LEFT INDEX (07)	LEFT MIDDLE(08)	LEFT RING(09)	LEFT LITTLE(10)
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	LEFT & RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY		