



STAFF NAME:

DATA CORRECTION FORM

Location:

COMPULSORY DATA (As filled on Enrolment Form)

Insert Passport here	SURNAME																														
	FIRST NAME																														
	MIDDLE NAME																														
	RSA PIN	P	E	N																											
	Email Address																														
	Mobile Number																														
	GENDER	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female																										

IMPORTANT INSTRUCTION: Please complete ONLY the fields to be corrected in section 1 – 4 below

1. CHANGE OF PERSONAL INFORMATION (For change of Name & Date of Birth, See reverse for required Documents)

(a) Title																															
(b) Surname																															
(c) First Name																															
(d) Middle Name																															
(e) Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y																					
(f) Marital Status	<input type="checkbox"/>	Single (S)	<input type="checkbox"/>	Married (M)	<input type="checkbox"/>	Divorced (D)	<input type="checkbox"/>	Separated (SP)																							
(g) Mobile Number																															
(h) Email Address 1																															
(i) Email Address 2																															

2. CHANGE OF ADDRESS - Residential

(a) Home Address																														
(b) Local Govt. Area of Address																														
(c) State																														

3. CHANGE OF EMPLOYER DETAILS

(a) Name of Organization																														
(b) Address of Organization																														
(c) Local Govt. Area																														
(d) File / ID / Service Number																														
(e) Designation																														
(f) RC (If known)																														

4. CHANGE OF NEXT OF KIN

(a) Title																														
(b) Surname																														
(c) First Name																														
(d) Middle Name																														
(e) Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female																										
(f) Relationship																														
(g) Residential Address																														
(h) Local Govt. Area of Address																														
(i) State of Address																														
(j) Mobile Number																														

CERTIFICATION

I certify that all the information I have filled on this form are correct and true and that being so, I have appended my signature in the section provided below. I further confirm that I have given the Company all rights without any liability, to contact me and send confidential materials such as Account Statements and other Account Information to me through the email address and phone number I have provided in this form.

Name: Sign/Date:

Further certification is required by blind or non-literate persons.

I further certify that the contents of this form which have been read and explained to me by
 (Being my independent adviser) are fully understood by me and that being so, I have placed my Right or Left Thumb print in the box below.

Thumb Print:

“Leadway Pensure PFA is strongly committed to protecting your privacy while interacting with our content, products, and services. The information in this document is collected from you primarily to make it easier and more rewarding for you to use our services. You have the right to give your consent to the collection and processing of this information. You also have the right to withdraw your consent for the processing of your information. For further information, please visit <https://leadway-pensure.com/privacy/>.”

CHECK LIST OF REQUIRED DOCUMENTS

Change of Name	Change of Date of Birth (Public Sector – Federal & State)	Change of Date of Birth (Private Sector)
1. Application Letter from participant stating his/her reason(s) for the change. 2. Newspaper Publication (Photocopy) 3. Sworn Affidavit for change of Name. 4. Marriage Certificate (where applicable) 5. Letter from Employer for name confirmation 6. A valid means of Identification (NIN Slip, Valid International Passport and Driver’s License)	1. Application Letter from participant stating his/her reason(s) for the change. 2. Participant’s Birth Certificate or Sworn Declaration of Age 3. Letter from Employer or Ex-employer (exited staff) confirming the new date of birth. 4. A copy of records of Service indicating the participant’s DOB 5. A copy of PenCom’s Retirement Benefit Registration Slips (If Applicable) 6. A valid means of Identification (NIN Slip) (Note: DOB on NIN must tally with the new DOB update requested)	1. Application Letter from participant stating his/her reason(s) for the change. 2. Participant’s Birth Certificate or Sworn Declaration of Age 3. Letter from Employer or Ex-employer (exited staff) confirming the new date of birth. 4. A valid means of Identification (NIN Slip). (Note: DOB on NIN must tally with the new DOB update requested)

N.B.

1. Completed Data correction forms **MUST** be accompanied with checklist above
2. All DOB applications should have Day, Month and Year (DD/MM/YYYY)

FOR OFFICIAL USE

Customer’s passport and signature verified by:

.....
Staff Name

.....
Signature

...../...../20.....
Date

RESOLUTION MANAGEMENT TEAM ONLY

Change effected by: **Signature:** **Date:**/...../20.....

Authorized by: **Signature:** **Date:**/...../20.....

NOTE: “It is dangerous to disclose either your PENCOM PIN or RSA access password to anybody or give us (your PFA) someone else’s telephone number as your contact number. Doing any of these could lead to disclosure of your confidential information to unauthorized persons. LeadwayPensure PFA will not be liable for any damages that may arise from such acts”.