

# CLIENT DATA UPDATE FORM



## 1. RSA HOLDER DETAILS

RSA PIN

SURNAME FIRST NAME MIDDLE NAME

## 2. INFORMATION TO BE UPDATED – Kindly tick the box(es) according to required update(s)

CHANGE OF NAME (Please attach copy of Marriage Certificate (where applicable), Sworn Court Affidavit and Newspaper Publication)

	SURNAME	FIRSTNAME	OTHERNAMES
Previous Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Name	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHANGE OF EMPLOYER (Please attach a copy of current Letter of Employment)

Previous Employer Name	Previous Employer's Address
<input type="text"/>	<input type="text"/>
New Employer Name	New Employer's Address ( Include your department/Unit)
<input type="text"/>	<input type="text"/>

CHANGE OF MOBILE NUMBER

Previous Mobile number	New Mobile Number
<input type="text"/>	<input type="text"/>

CHANGE OF E MAIL ADDRESS

Previous E-mail Address	New E-mail Address
<input type="text"/>	<input type="text"/>

CHANGE OF CORRESPONDENCE ADDRESS

Previous Correspondence Address	New Correspondence Address
<input type="text"/>	<input type="text"/>

CHANGE OF NEXT OF KIN

	Name of Next of Kin	Address of Next of Kin	Next of Kin Mobile No.	Relationship
Previous Next of Kin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Next of Kin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client's Signature & Date \_\_\_\_\_

**For Official Use Only**

Client Service Officer (Name, Signature & Date): \_\_\_\_\_

Authorising Officer (Name, Signature & Date): \_\_\_\_\_