	CONTRIBUTOR/MEMBER UPDATE FORM	
SECTION A	RSA DETAILS PFA CODE PFA NAME	
PIN:	P E N	
SURNAME:		
FIRST NAME:		
MIDDLE NAME:		
SECTION B FIELDS THAT DO NOT REQUIRE AUTHORIZATION TITLE (Mr., Mrs., Miss & Ms) MARITAL STATUS	UPDATE NEEDED	CURRENT DATA
RESIDENTIAL ADDRESS HOUSE NO./NAME STREET NAME VILLAGE/TOWN/CITY LOCAL GOVERNMENT AREA STATE OF RESIDENCE MOBILE NUMBER PERSONAL EMAIL ADDRESS EMPLOYER ADDRESS		
EMPLOYMENT RECORD SECTOR CLASSIFICATION FORMAL SECTOR EMPLOYEES 01 INFORMAL SECTOR EMPLOYEES 02 CROSS BORDER CONTRIBUTOR 03 EMPLOYER NAME (In Full) CURRENT BUSINESS LOCATION/ADDRESS BUILDING NO./NAME STREET NAME VILLAGE/TOWN/CITY LOCAL GOVERNMENT AREA		
STATE OF RESIDENCE NATURE OF BUSINESS (For Informal Sector Employees Only) EMPLOYEE ID/No. (Formal &Cross-Border Employees Only) SERVICE/ID No. (Police & Paramilitary Only) DESIGNATION/RANK		
NEXT OF KINS PERSONAL DETAILS TITLE (Mr., Mrs., Miss & Ms) SURNAME FIRST NAME MIDDLE NAME GENDER RELATIONSHIP		
NEXT OF KINS ADDRESS HOUSE NO./NAME STREET NAME VILLAGE/TOWN/CITY LOCAL GOVERNMENT AREA STATE OF RESIDENCE COUNTRY ZIP CODE EMAIL MOBILE/TELEPHONE NO. INTERNATIONAL MOBILE/TELEPHONE NUMBER		

SECTION C FIELDS REQUIRING AUTHORIZATION SURNAME FIRST NAME MIDDLE NAME DATE OF BIRTH DATE OF BIRTH DATE OF CURRENT EMPLOYMENT (Public Sector - Fed, States & LG) DATE OF CURRENT EMPLOYMENT (Private Sector) GENDER	D D M M Y Y Y Y D D M M Y Y Y Y D D M M Y Y Y Y
FINGERPRINT IMAGES (Where Applicable)	
	LEFT RIGHT
CONTRIBUTOR'S SIGNATURE (Where Applicable)	DATE DD MMYYYY
SECTION D	PENSION OPERATOR CERTIFICATION
	I hereby certify that the information given above is correct to the best of my knowledge
	This form was administered by: Surname First Name
	D D M M Y Y Y Date
	Designation Signature
	Designation Signature