



UPDATE FORM

The details below are to be provided by you for the update of your records and promotion of accountability through monthly SMS alerts of your NHF contributions and balances.

Employer Name:

Date of Employment:

Gender:

NHF Number:

First Name:

Middle Name:

Last Name:

IPPIS/Staff ID Number:

Home/Office Address:

State of origin:

State of Work:

Date of Birth:

LGA:

Mobile Number:

Email Address (Active):

Bank Name:

BVN:

Account Number:

Next of Kin Name:

Next of Kin Address:

Next of Kin Phone Number:

Relationship With next of Kin: