



APPLICATION FOR A CHANGE OF NAME ON MARITAL GROUND

Affix passport photograph

A. PERSONAL/FAMILY DETAILS (Complete in capital letters)

- 1. Surname (Old): _____ Title: _____
Other Names _____
- 2. Proposed Surname _____
Other Names _____
- 3. Membership No: MB0 _____ Status: FCA ACA (Tick as applicable)
- 4. Date of Birth: dd/mm/yyyy _____ Place of Birth: _____
- 5. State of Origin: _____ LGA: _____
- 6. Gender: _____ Marital Status: _____
- 7. Contact Address _____

- 8. GSM/Tel: _____ E-mail _____

B. EMPLOYMENT HISTORY IN THE LAST 2 YEARS

S/No	NAME/ADDRESS OF EMPLOYER	PERIOD

N.B: Applicant must be financially up-to-date

C. DOCUMENTS TO BE SUBMITTED WITH APPLICATION

S/No	DOCUMENTS	TICK IF ATTACHED
1	Copy of marriage certificate or sworn affidavit	
2	Copy of membership certificate	
3	Passport photograph	
4	Newspaper advert	
5	National Identification Number (NIN)	

I hereby certify that all required documents are herewith attached to my application

Signature of Applicant & Date