

## CUSTOMER CONSENT FORM FOR NIN - SIM LINKAGE

### MY INFORMATION

Individual (New)

Individual (Existing)

Request for Additional SIM

(Kindly indicate selected option)

Corporate (New)

Corporate (Existing)

Date .....

VNIN ..... NIN User ID: .....

Name of Smile Outlet .....

Email .....

First Name .....

Last Name .....

Date of Birth ..... Mother's Maiden Name .....

Corporate Name ( if applicable) .....

Corporate Address (if applicable) .....

Corporate Email address (if applicable) .....

(Primary Telecoms Master Email)

Corporate CAC Registration Number (if applicable) .....

Job role/Title .....

Address ..... State ..... LGA .....

### MISMATCH UPDATE REQUIRED

#### Demographic Update

First Name .....

Last Name .....

Date of Birth .....

Address .....

Title .....

### BIOMETRIC UPDATE

Facials

Fingerprint

NIN to Update SIM REG.....  
.....

NIN Update on a different Mobile Number/MSISDN Transfer.....

I ..... hereby consent to the collection, processing, use or transfer of my personal data for SIM Registration purposes and any other data processing activities which may arise therefrom between myself and Smile. I affirm that I am aware of my rights under the relevant Data Protection Laws in Nigeria and other terms detailed in the Data Protection and Privacy Policy which can be accessed on <http://nimc.gov.ng> I authorize and consent that any person who may be in possession of or hereafter acquire any information pertaining to my records may disclose such information to Smile

Signature: ..... Date: .....

#### For office use:

Region: ..... Staff Name: ..... SEP ID: .....

Signature: ..... Date: .....