



ABUBETA

IDENTITY CARD FORM



ABUBETA

Staff ID Card Number: **S**

NAME:

SUNDAT	ROBERT	
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Surname

First Name

Others

POSITION:

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UNIT/BRANCH:

KATAKO, JOS

STAFF SIGNATURE:

<i>[Handwritten Signature]</i>

AUTHORISATION:

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This form must be returned with other completed documents for prompt processing please.



EMPLOYMENT GUARANTEE FORM

Our employment process requires that a person seeking employment in our establishment should produce a credible, responsible and acceptable person as Guarantor subject to employment confirmation. If you are willing to stand as a guarantor for the said applicant, kindly complete this form.



Please note that it is dangerous to stand as a guarantor for someone whom you do not know. Guarantors are warned that any false declaration on this form will attract severe consequences, which may include prosecution.

Mr/Mrs/Miss SUNDAT ROBERT who is being considered for employment has given your name as his/ her guarantor. Please confirm your willingness to guarantee him/ her against any loss by completing this form.

1. Is the candidate well known to you? YES
2. What is your relationship with him/ her? WE ARE FRIENDS
3. How long have you known him/ her? (Not less than 3years) SIX YEARS
4. Please state your occupation CLERGY (PASTOR)

I, Dr/Mr/Mrs/Miss PASTOR DICKSON CHINEDU of Home address NO 12 BOUNDARY STREET STREET JOS and Office address NO 1 RICHARD ROAD BRITISH AMERICAN JUNCTION stand as a guarantor to Mr/Mrs/Miss SUNDAY ROBERT who is being considered for employment in C & I LEASING, PLC.

That I irrevocably and unconditionally guarantee to indemnify the company against the following:

- a) any loss suffered as a result of Mr/Mrs/Miss SUNDAT ROBERT'S action while in the company's employment
- b) any action arising from Mr/Mrs/Miss SUNDAT ROBERT'S desertion of the Company for any offence committed or arising from his/her employment.

That I promise to produce him/her any time needed for any reason of security interest.

This guarantee shall be governed by the laws of the Federal Republic of Nigeria.

Name: PASTOR DICKSON CHINEDU

Signed: [Signature]

Telephone numbers: 08067459387

Date: 11/11/2014

Email Address: dicksonchinedu@yahoo.com

NB: Acceptable Guarantors: Lecturers, Architects, Engineers, Teachers, Doctors, Nurses, Lawyers, Bankers, Accountants, Managers/Deputy Managers of reputable companies, Traditional rulers and Clergy from well recognized churches/mosques, Senior Civil Servants not lower than Grade level 8 excluding uniform personnel.

Note:

1. Any other level of guarantor in conflict with the above stated level is not acceptable.
2. A photocopy of the guarantor's Identity Card (excluding Driver's License) is to be submitted with this Form



STAFF PERSONAL DATA FORM

STAFF ID CARD NO _____

.....
NAME (Surname) SUNDAI

.....
First Name ROBERT

.....
Other Names

.....
Date of Birth (DD/MM/YYYY) 19 / 07 / 1984

.....
Place of Birth ABA

.....
Nationality NIGERIA

.....
Contact Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)
NO 28B TAFAWA BALEWA STREET, JOS OPP UNITED BAPTIST CHURCH

.....
Permanent Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)
NO 1 STANDARD ROAD OPPOSITE STANDARD BUILDING WEST OF MINES, JOS

.....
Drivers License No.

.....
National I.D Card No.*

.....
International Passport No.*

.....
Email Address roberttoo@yahoo.com

.....
Staff Mobile Telephone No. 08036520676

.....
Other No.

.....
Home Town & State of Origin EM ABIA STATE

.....
Home Town Address AMAUTU AMAOKWE ITEM

BANK ACCOUNT/PENSION DETAILS

.....
BANK NAME (Current Account Only)

.....
ACCOUNT NUMBER

.....
Listed Banks: BANK PLC, DIAMOND BANK PLC, STANBIC IBTC.

.....
PENSION FUND ADMINISTRATOR

.....
PEN

GENERAL INFORMATION

MARRIED

Marital Status

NDIA CYNTHIA UGOCHI
Spouse's Name

20-09-1989
Spouse's Date Birth

09-11-2013
Wedding Date

07038158030
Tel. Number of Spouse

MR SUNDAY CHUKWU
Name of Father

MRS NGOZI SUNDAY
Name of Mother

NO 30 NWOGU STREET, ABA
Contact Address of Parents

CYNTHIA SUNDAY UGOCHI
Name of Next of Kin
(Person to be contacted regarding payment
Of terminal benefits in case of death of staff)

NO 1 STANDARD ROAD WEST OF MINES JOS
Contact Address of Next of Kin

SPOUSE
Relationship with Next of Kin

07038158030
Tel. Number of Next of Kin

CHILDREN & DATE OF BIRTH*

#	Name	Date of Birth	School
1.		/ /
2.		/ /
3.		/ /
4.		/ /

PERSONAL ATTRIBUTES

.....
Height

.....
Weight

.....
Colour of Eyes

IGBO AND ENGLISH
Language(S) Spoken

ENGLISH AND IGBO
Language(S) Written