



*Adg  
Ademara  
Beta 2018*

# IDENTITY CARD FORM



Staff ID Card Number: **S**

**NAME:**    
 Surname                      First Name                      Others

**POSITION:**

**UNIT/BRANCH:**

**STAFF SIGNATURE:**

**AUTHORISATION:**



**FAMILY INFORMATION**

Single  
Marital Status

.....  
Spouse's Name      Spouse's Date Birth      Wedding Date      Tel. Number of Spouse

Johanna .....  
Name of Father      Maryam .....  
Name of Mother

contact no. 25198806 Shagari phase II  
Contact Address of Parents

Kingsley Johanna  
Name of Next of Kin  
(Person to be contacted regarding payment  
Of terminal benefits in case of death of staff)

08141554348 Shagari  
Contact Address of Next of Kin

Brother  
Relationship with Next of Kin

08141554348  
Tel. Number of Next of Kin

**CHILDREN & DATE OF BIRTH\***

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

**PERSONAL ATTRIBUTES**

1.4  
Height

57  
Weight

Black  
Colour of Eyes

English and Hausa  
Language(S) Spoken

English  
Language(S) Written