

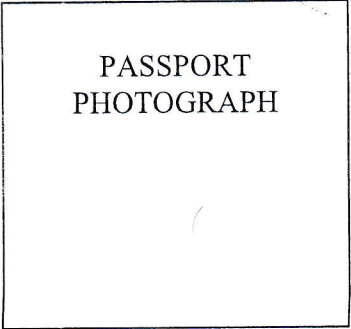


8

Jos



IDENTITY CARD FORM



Staff ID Card Number: S

NAME:

OFULOZOR	MAUREEN	
Surname	First Name	Others

POSITION:

BETA FRIEND

UNIT/BRANCH:

KATAKO JUB

STAFF SIGNATURE:

[Handwritten signature]

AUTHORISATION:

[Handwritten signature]

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



8

Jos



IDENTITY CARD FORM

PASSPORT PHOTOGRAPH



Staff ID Card Number: S

NAME:

OFULOZOR	MAUREEN	
Surname	First Name	Others

POSITION:

BETA FRIEND

UNIT/BRANCH:

KATANKO JOB

STAFF SIGNATURE:

[Handwritten signature]

AUTHORISATION:

[Handwritten signature]

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



LEASING PLC

STAFF PERSONAL DATA FORM

STAFF ID CARD NO -----

OFULOBOR
NAME (Surname) First Name MAUREEN Other Names

03 '03 '88
Date of Birth (DD/MM/YYYY) Place of Birth ZING Nationality NIGERIA

CHRIST AS OF OLD MINISTRY, AGULGI
Contact Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

AKUBA ROAD JOS PLATEAU STATE
Permanent Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

NUMBER 2 CHANKA STREET JARIN HADA
Permanent Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

BEHIND ST. MICHAEL SECONDARY SCHOOL
Permanent Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

JOS, PLATEAU STATE
Drivers License No. National I.D Card No.* International Passport No.*

VOTERS REGISTRATION CARD
maureenofulobor@yahoo.com
Email Address Staff Mobile Telephone No. 08036188395 Other No.

NAKURU, ANAMBRA STATE
Home Town & State of Origin Home Town Address MA OFULOBOR'S RESIDENCE NAKURU

BANK ACCOUNT/PENSION DETAILS

DIAMOND BANK
BANK NAME (Current Account Only)

0031895858
ACCOUNT NUMBER

Designated Banks:
FIRST BANK PLC, DIAMOND BANK PLC, STANBIC IBTC.

.....
PENSION FUND ADMINISTRATOR

PEN
PENSION NUMBER

PERSONAL INFORMATION

SINGLE
Marital Status

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

MR AUGUSTINE OFILOZOR MRS BENEDITH OFILOZE
Name of Father Name of Mother

NO 1 TANDANG STREET, ZUNG TARABA STATE
Contact Address of Parents

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

NO 1 TANDANG STREET ZUNG TARABA STATE
Contact Address of Next of Kin

YOUNGER BROTHER
Relationship with Next of Kin

07030411649
Tel. Number of Next of Kin

CHILDREN & DATE OF BIRTH*

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

PERSONAL ATTRIBUTES

5.5
Height

84
Weight

BROWN
Colour of Eyes

ENGLISH
Language(S) Spoken

ENGLISH
Language(S) Written