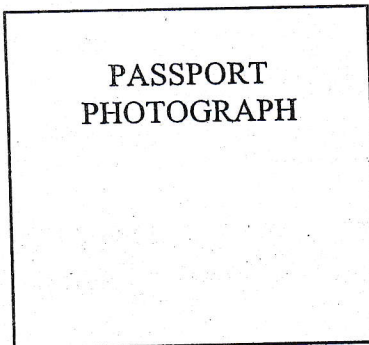


Start date
1/9/2016



IDENTITY CARD FORM



5016232

Staff ID Card Number: S

NAME:

SUNDAY	EYE	BLESSIA
Surname	First Name	Other

POSITION:

MARKETER

UNIT/BRANCH:

Garki 2

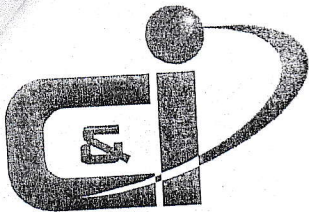
STAFF SIGNATURE:

AUTHORISATION:

[Empty box for authorisation]



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



LEASING PLC

STAFF PERSONAL DATA FORM

STAFF ID CARD NO _____

SUNDAY
NAME (Surname)

EUE
First Name

BLESSING
Other Names

24 / 02 / 1992
Date of Birth (DD/MM/YYYY)

Benue state (otukpa)
Place of Birth

NIGERIA
Nationality

NO. 16 KARAYI BEHIND DYNAMIS CHURCH KARAYI MARAU
Contact Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

OBU-BRANCH OTUKPA BENUE STATE
Permanent Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

Drivers License No.

National I.D Card No.*

International Passport No.*

Email Address

07034863227
Staff Mobile Telephone No.

Other No.

OBU-OTUKPA BENUE STATE
Home Town & State of Origin

OBU-BRANCH OTUKPA
Home Town Address

BANK ACCOUNT/PENSION DETAILS

EUE BLESSING SUNDAY
BANK NAME (Current Account Only)

0023381312
ACCOUNT NUMBER

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

PEN

PENSION NUMBER

PENSION FUND ADMINISTRATOR

EDUCATIONAL CAREER

SCHOOLS ATTENDED (with dates)	CERTIFICATE OBTAINED (with detailed results)	Position(s) Held
<u>Primary School:</u> LGFA Primary School Otu II Otukpa, Benue State 1999-2004	Certificate of Primary Education	Assistant Health Pref- ect
<u>Secondary School:</u> Government Compre- hensive Secondary School Otukpa 2004-2009	National Examination Council (NECO)	Health Pref- ect

TERTIARY INSTITUTION (S)

UNIVERSITIES/COLLEGES/POLYTECHNIC ATTENDED (with dates)*	CERTIFICATES OBTAINED	POSITION HELD
Benue State Polyte- chnic, Ugbokolo Benue State. 2014-2015		

To do my possible best for the organization to achieve
 goals.....
 How Best Do You Think You Can Contribute To Our Growth

EMPLOYMENT HISTORY (Starting from most recent job with full details)

NAME OF LAST EMPLOYER	ADDRESS	POSITION & RESPONSIBILITIES	SALARY PROGRESSION (=N= or \$)	REASON (S) FOR LEAVING
1. Mr. Tony Ugnuiya	Mararaba	Sim Registrar	#25,000	I got Addi- mission to School
2. Mr. Okessy	Old Karu road mara- raba	Sale representative	#20,000	
3.				

OTHER INFORMATION

REFERENCE: (Three persons not related to you with full details)

NAME	RESIDENTIAL ADDRESS	E MAIL ADDRESS & PHONE NUMBER	RELATIONSHIP
1. Mr. Steven Ameh	Behind Dunamis Church Kabayi mararaba	080637978063	Neighbour
2. Mr. Stanley Okafor	Airport Road	08059496245	Family friend
3. Mrs. Favour Ameh	One Man Vill- age marar- ba	0806536357	Friend

nil

Medical Allergies (If Any)*

nil

Any Other Information That You Consider Relevant*

I confirm that the above information is correct Sunday E. Bless
 I confirm that the above information is correct, to the best of my knowledge (Name, Signature & Date)