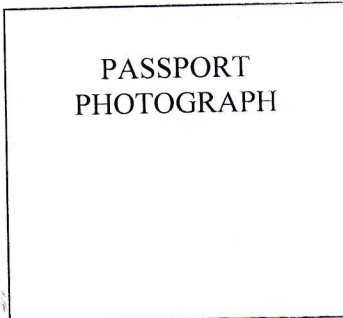




* All academic Cert
 * Married cert
 * Birth cert
 * Cert of origin

IDENTITY CARD FORM



PASSPORT
PHOTOGRAPH



S/7806

Staff ID Card Number: S

NAME:

Aru Moses		
Surname	First Name	Others

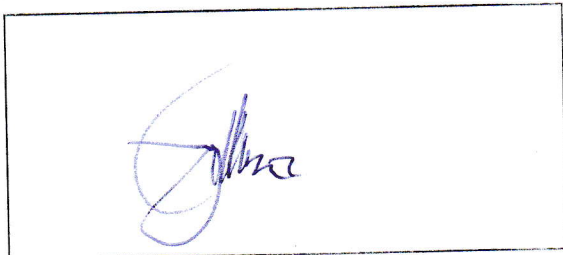
POSITION:

DRIVER

UNIT/BRANCH:

ABUJA FCT

STAFF SIGNATURE:

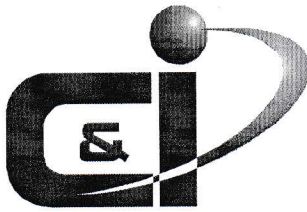


AUTHORISATION:

[Empty box for authorisation]

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

ONE



LEASING PLC

STAFF PERSONAL DATA FORM

STAFF ID CARD NO _____

ARU
NAME (Surname)

MOSES
First Name

EJE
Other Names

19th 10th 1986
Date of Birth (DD/MM/YYYY)

IBELAA OJU
Place of Birth

NIGERIA
Nationality
NEW NYANYA.

PHASE 4 BEHIND MOUNT CAMEL SECONDARY SCH. A
Contact Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

NEW NYANYA JUNCTION.

PHASE 4 BEHIND MOUNT CAMEL SEC. SCH - NEW NYANYA.
Permanent Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

PHASE 4 NEW NYANYA NASARAWA STATE.

* ABC54077AAD1
Drivers License No. National I.D No./Security No. International Passport No.*

998moses@gmail.com
Email Address 08138513007
Staff Mobile Telephone No. Other No.

BENUE
State of Origin IBELAA OJA
Home Town Address

BANK ACCOUNT/PENSION DETAILS

* FIDELITY BANK
BANK NAME (Current & Savings Acct) 6011849181
ACCOUNT NUMBER BANK VERIFICATION NO.

Designated Banks:

FBN, FCMB, DIAMOND BANK PLC, STANBIC IBTC, GTB, STANDARD CHARTERED, UBA, ZENITH BANK

PENSION FUND ADMINISTRATOR

PENSION NUMBER

FAMILY INFORMATION

MARRIED

Marital Status

HAPPINESS 07/06/1988 17/01/2008 09092964949
 Spouse's Name Spouse's Date Birth Wedding Date Tel. Number of Spouse

SALAS ARU

Name of Father

MRS HANNAH ARU

Name of Mother

IBELLA OJU L. C. A.

Contact Address of Parents

EMMANUEL MOSES

Name of Next of Kin

(Person to be contacted regarding payment of terminal benefits in case of death of staff)

SAME AS ABOVE.

Contact Address of Next of Kin

SON

Relationship with Next of Kin

08138513007

Tel. Number of Next of Kin

CHILDREN & DATE OF BIRTH*

#	Name	Date of Birth	School
1.	<u>Faith MOSES</u>	<u>19/09/2008</u>	<u>BILL CLINTON SCH.</u>
2.	<u>CHARITY MOSES</u>	<u>19/09/2008</u>	<u>..</u>
3.	<u>RLTA MOSES</u>	<u>19/10/2007</u>	<u>..</u>
4.	<u>EMMANUEL MOSES</u>	<u>10/3/2010</u>	<u>..</u>

PERSONAL ATTRIBUTES

1.73

Height

83

Weight

WHITE

Colour of Eyes

IGEDE/ENGLISH

Language(S) Spoken

ENGLISH

Language(S) Written