



# IDENTITY CARD FOR



PASSPORT  
PHOTOGRAPH

Staff ID Card Number: **S**

*Sizse*

*Meeting 15/2/16*

NAME:

*Andrew Anoidolov*

Surname

First Name

Others

POSITION:

*Driver*

UNIT/BRANCH:

STAFF SIGNATURE:

*[Handwritten Signature]*

AUTHORISATION:

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



**STAFF PERSONAL DATA FORM**

STAFF ID CARD NO -----

OMOI DOLOR  
NAME (Surname)

ANDREW  
First Name

ANDY  
Other Names

06 / 08 / 1980  
Date of Birth (DD/MM/YYYY)

GENERAL HOSPITAL SAPELE  
Place of Birth

NIGERIA  
Nationality

NO 106 ZONE B, SOKALE DUTSE ALHAI ABUJA  
Contact Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

LIVING FAITH CHURCH MOUNI DABOUT JOWATION KUBWA

NO 106 ZONE B, SOKALE DUTSE ALHAI BWARI ABUJA  
Permanent Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

ABC 49103 ABII  
Drivers License No.

6978535638  
National I.D No./Security No.

International Passport No.\*

andyidolor@gmail.com  
Email Address

09023483801  
Staff Mobile Telephone No.

09094966244  
Other No.

DELTA STATE  
State of Origin

NO 73 AJOGODO SAPELE DELTA STATE  
Home Town Address

**BANK ACCOUNT/PENSION DETAILS**

ZPC/TRANSFUND PENSIONS  
BANK NAME (Current & Savings Acct)

6010156182  
ACCOUNT NUMBER

22319361140  
BANK VERIFICATION NO.

Designated Banks:

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

PEN 6010156182

PENSION FUND ADMINISTRATOR

PENSION NUMBER

**FAMILY INFORMATION**

~~MARRIED~~  
SINGLE

Marital Status

..... / / ~~05/03/2008~~ .....  
Spouse's Name Spouse's Date Birth Wedding Date Tel. Number of Spouse

ANDREW OMODOLOR OSARIEMEN  
Name of Father Name of Mother

10106 ZONE B SOKALE DWISE ALHAMA ABUJA  
Contact Address of Parents

OSARIEMEN WARRI DELTA STATE  
Name of Next of Kin Contact Address of Next of Kin  
(Person to be contacted regarding payment of terminal benefits in case of death of staff)

OSARIEMEN 08099166371  
Relationship with Next of Kin Tel. Number of Next of Kin

**CHILDREN & DATE OF BIRTH\***

#	Name	Date of Birth	School
1.	OGHENSODAFE	31/03/2012	SURE FOUNDATION
2.	OGHENEJETIRI	09/07/2014	INTERNATIONAL SCHOOL
3.		/ /	DO
4.		/ /	

**PERSONAL ATTRIBUTES**

..... Height Weight Colour of Eyes  
Black

ENGLISH & UORABO ENGLISH  
Language(S) Spoken Language(S) Written