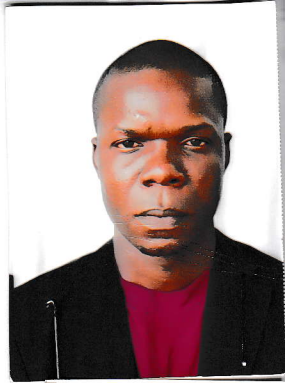




IDENTITY CARD FORM



PASSPORT
PHOTOGRAPH

1650205

Staff ID Card Number: **S**

NAME:

Dioku IKECHUKWU JOHNKINGSLEY

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 _____

Dioku
NAME (Surname)

IKECHUKWU
First Name

JOHN KING SLEY
Other Names

07 '10 '1983
Date of Birth (DD/MM/YYYY)

UBA IFAKALA
Place of Birth

NIGERIAN
Nationality

JIKWOYI PHASE II PRAYER ROAD AFTER SENATAR HOUSE ABUJA
Contact Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

IKECHUKWU.DIOKU@gmail.com
Email Address

08032652546
Staff Mobile Telephone No.

Other No.

BANK ACCOUNT/PENSION DETAILS

IKECHUKWU JOHN K. DIOKU
BANK NAME (Current Account Only)

0351013011
ACCOUNT NUMBER

Designated Banks:

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

PEN
PENSION FUND ADMINISTRATOR

08032652546
PENSION NUMBER

22348199293

FAMILY INFORMATION

BVN

Marital Status

Spouse's Name

Spouse's Birthday

Wedding Date

Tel. Number of Spouse

L.G.A. MBAITOLI

SARAH SAMUEL
Name of Next of Kin

JIKWOYI PHASE II ABUJA
Contact Address of Next of Kin

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

SARAH SAMUEL
Relationship

08167818491
Tel. Number of Next of Kin

Dioku Ikechukwu John King Sley 30/05/18

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