



IDENTITY CARD FORM



PASSPORT
PHOTOGRAPH

S021453 2nd March 2019

Staff ID Card Number: **S**

NAME:

TIMOTHY BABA INALEGWU

Surname

First Name

Others

POSITION:

DRIVER Fidelity

UNIT/BRANCH:

[Empty box for Unit/Branch]

STAFF SIGNATURE:

[Handwritten signature]

AUTHORISATION:

[Empty box for Authorisation]

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

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

L.G.A.

IKO TIMOTHY
Name of Next of Kin

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

BROTHER
Relationship

BACK OF LIVING FAITH CHURCH OLD KUTUMIR GWA/LAD
Contact Address of Next of Kin

09063456731
Tel. Number of Next of Kin

Education

SSCE
Qualification

GOVERNMENT
Course of Study

2011
Year of Graduation

METHODIST HIGH SCHOOL OBAGAJI
Higher Institution Attended

Previous Employment

DRIVER
Previous Employer (1)

NOST SHERIFAT ARAOYE STREET GWA/LADA FCT
Previous employer address

.....
Job Role

.....
Previous Employer (2)
Previous employer address

.....
Job Role

TIMOTHY BABA INALEGWU 20/03/2019
I confirm that the above information is correct, to the best of my knowledge (Name, Signature & Date)