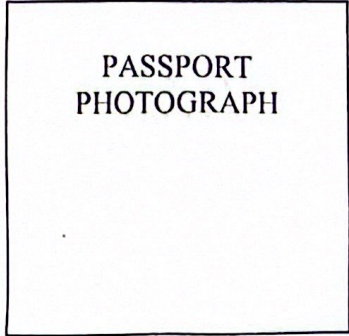
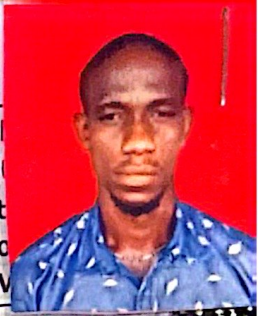




# IDENTITY CARD FORM

According to Standard ISO 9001-2015

CO  
ISS  
Dat  
01/0  
REV



PASSPORT  
PHOTOGRAPH

Staff ID Card Number: **S**

NAME:

**ONOCHIE PETER**

**ONYESI**

Surname

First Name

Others

POSITION:

**DRIVER**

UNIT/BRANCH:

**PHC**

STAFF SIGNATURE:

AUTHORISATION:

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

### STAFF EMPLOYMENT DATA FORM



1. STAFF SURNAME - ONOCHIE
2. STAFF FIRST NAME - PETER
3. STAFF MIDDLE NAME - ONYESI
4. DATE OF BIRTH - Calendar grid 1ST OCTOBER 1993
5. GENDER - MALE
6. MARITAL STATUS - MARRIED
7. STATE OF ORIGIN - DELTA STATE
8. LOCAL GOVERNMENT AREA - OSHIMILI - NORTH
9. PLACE OF BIRTH - AKWU-KWU IGBO
10. PHONE NUMBER 1 - 07036265201
11. PHONE NUMBER 2 - 09168600896
12. E-MAIL - Peteronochie591@gmail.com
13. RESIDENTIAL ADDRESS - NO 21 ODANI RD, ELELENWO P H RIVER
14. LOCAL GOVT AREA - OBIAKPOR LGA
15. NEXT OF KIN'S NAME - DESTINY ONOCHIE ONYESI
16. RELATIONSHIP WITH NEXT OF KIN - SON
17. NEXT OF KIN'S DATE OF BIRTH - 22ND JULY 2021
18. NEXT OF KIN'S ADDRESS - NO 21 ODANI RD, ELELENWO P. H RIVERS
19. NEXT OF KIN'S PHONE NUMBER - 07061825050
20. NEXT OF KIN'S EMAIL - \_\_\_\_\_
21. NAME OF CLOSEST RELATIVE - MR GODWIN ONOCHIE
22. CONTACT ADDRESS OF CLOSEST RELATIVE - \_\_\_\_\_
23. HIGHER INSTITUTION ATTENDED - \_\_\_\_\_
24. QUALIFICATION - FSLC
25. COURSE OF STUDY - \_\_\_\_\_
26. GRADE - PASS
27. MONTH & YEAR OF ADMISSION - 1997
28. MONTH & YEAR OF GRADUATION - 1997 - 2005
29. BANK & ACCOUNT NUMBER - ACCESS BANK 0734844000
30. PENSION FUND ADMINISTRATOR - \_\_\_\_\_
31. PENSION NUMBER - \_\_\_\_\_
32. BANK VERIFICATION NUMBER - 22437160188



EMPLOYMENT GUARANTORS FORM

According to Standard ISO 9001-2015



Mr./Mrs./Miss ONDOCHIE PETER ONYESI who has been in our employment has given your name as his/ her guarantor. Please confirm your willingness to guarantee him/ her against any loss by completing this form.

- ONDOCHIE PETER ONYESI is the candidate well known to you?
- What is your relationship with him/her? FAMILY FRIEND
- How long have you known him/her? (Not less than 3years) FOR 15 YEARS
- Please state your occupation  
CIVIL SERVAANT

Dr/Mr./Mrs./Miss OZOEMENE PATRICIA - OBLUMAEMA  
..... of

Home address NO 1 ALPHA CLOSE ROYAL ESTATE AKPAJO BLONG  
Office address CSS NWOLLI COMMUNITY SEC. SCH. WOTI

guarantor to Mr./Mrs./Miss ONDOCHIE PETER ONYESI Who is currently a staff in C & I LEASING PLC.

That I irrevocably and unconditionally guarantee to indemnify the company against the following:

- any loss suffered as a result of Mr./Mrs./Miss ONDOCHIE PETER ONYESI action while in the company's employment
- any action arising from Mr./Mrs./Miss ONDOCHIE PETER ONYESI desertion of the Company for any offence committed or arising from his/her employment.

That I promise to produce him/her any time needed for any reason of security interest. This

guarantee shall be governed by the laws of the Federal Republic of Nigeria.

Name: OZOEMENE PATRICA - O.

Signed: [Signature]

Telephone numbers: 080 370 687 24

Date: 25/10/2025

Email Address: Ozoemene-patricia-780@gmail.com

NB: Acceptable Guarantors: Lecturers, Architects, Engineers, Teachers, Doctors, Nurses, Lawyers, Bankers, Accountants, Managers/Deputy Managers of reputable companies and Senior Civil Servants not lower than Grade level 8 excluding uniform personnel.

Note:

- Any other level of guarantor in conflict with the above stated level is not acceptable.
- A photocopy of the guarantor's Identity Card (including Workplace Id, Driver's License, national Id, voter's card & in'1 Id) is to be submitted along with this Form
- Guarantor's recent passport is to be affixed to this Form.



# National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)



Tracking ID	37Y0NYFI00003LV	Surname	OZOEMENE	Address: 1 ALPHA CLOSE  AKPAJO Rivers	
N.N	12961675189	First Name	FESTUS		
Issue Date	04/11/2013	Middle Name			
		Gender	M		

Note: The transaction slip does not confer the right to the General Multipurpose Card (For any enquiry please contact)

 helpdesk@nmc.gov.ng	 www.nimc.gov.ng	 07040144482, 07040144483, 07040144484	<b>National Identity Management Commission</b> 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja
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# ONOCHIE PETER ONYESI

NO 21 Odani Rd, Elelenwo Port Harcourt Rivers State

Email Address: [peteronochie591@gmail.com](mailto:peteronochie591@gmail.com)

Tel: 07026265201, 09168600896

## Carrier objective:

To continuously strive for higher achievement and to demonstrate honesty and integrity in the organization where my services will be needed and also contribute to the success, growth and development of the establishment.

## Personal Data:

Date of birth: 1<sup>st</sup>, October 1993  
State of origin: Delta State  
Marital Status: Married  
LGA: Oshimili - North  
Home Town: Akwu-kwu Igbo  
Religion: Christianity  
Sex: Male  
Nationality: Nigerian

## EDUCATIONAL INSTITUTION AND QUALIFICATIONS:

- |  | DATE      |
|--|-----------|
| • Akwu-kwu Igbo Primary School, Delta State<br>First School Leaving Certificate (FSLC) | 1997-2005 |
| • Akwu-kwu Igbo Grammar School, Delta State<br>National Examination Council (NECO)     | 2005-2010 |

## WORK EXPERIENCES:

- |  | DATE        |
|--|-------------|
| • Mobil Waterline Filling Station<br>Position: Pump Attendant      | 2013 - 2017 |
| • Chelsea Filling Station<br>Position: Manager                     | 2017 - 2022 |
| • Isjene Paint Company<br>Position: Driver                         | 2022 - 2023 |
| • Bede Integrated Oil and Gas Filling Station<br>Position: Manager | 2023 - 2025 |

## SKILLS:

- Maintaining of Cooking Gas
- Combination Welder
- Experience Driver

## Hobbies:

*Singng, Reading and Sport*

## REFERRES:

Mr. Godwin Onochie  
Tel: 09164212340

Mrs. Stella Mosidi  
Tel: 08106125325

**IN THE MAGISTRATE COURT OF RIVERS STATE OF NIGERIA**  
**IN THE ELENWO MAGISTERIAL DISTRICT**

**AFFIDAVIT OF LOSS OF LOCAL GOVERNMENT IDENTIFICATION**  
**CERTIFICATE**

I, **ONOCHIE PETER ONYESI**, a native of Akwu-kwu-Igbo in Oshimill North Local Government Area of Delta State, an adult male Citizen of the Federal Republic of Nigeria, now residing at No.21 Odani Road, Eelenwo, Port Harcourt, Rivers State, do hereby make an oath and solemnly depose as follows:

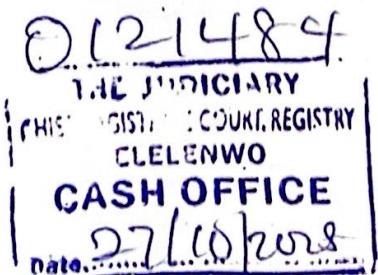
1. That I am the Deponent herein and swear to this affidavit.
2. That I originally hail from Akwu-kwu-Igbo in Oshimill North Local Government Area of Delta State.
3. That I received my Local Government Identification Certificate from the Akwu-kwu-Igbo Secretarial Council, Delta State.
4. That the said document got lost in a fire accident that occurred at my place of residence.
5. That all diligent effort made to recover the said Local Government Identification Certificate proved abortive; hence this affidavit.
6. That this affidavit is now required for record and official purposes and all relevant authorities concern.

**AND THAT I make this solemn declaration conscientiously believing the same to be true and correct by virtue of the provision of the Oath Act, 2004.**

\_\_\_\_\_  
**DEPONENT**

Sworn at the Magistrate Court Registry, Eelenwo

This 27<sup>th</sup> day of ....., 2025.



BEFORE ME:

PATIENCE A. DAVID

**COMMISSIONER FOR OATHS**



**IN THE MAGISTRATE COURT OF RIVERS STATE OF NIGERIA**  
**IN THE ELENWO MAGISTERIAL DISTRICT**

**AFFIDAVIT OF LOSS OF ORIGINAL FIRST SCHOOL LEAVING CERTIFICATE**  
**(FSCL) AND WEST AFRICAN CERTIFICATE EXAMINATION(WAEC) RESULTS**

I, **ONOCHIE PETER ONYESI**, a native of **Akwu-kwu-Igbo** in **Oshimili North** Local Government Area of **Delta State**, an adult male Citizen of the **Federal Republic of Nigeria**, now residing at **No.21 Odani Road, Eelenwo, Port Harcourt, Rivers State**, do hereby make an oath and solemnly depose as follows:

1. That I am the Deponent herein and swear to this affidavit.
2. That I am the bonafide owner of the Lost First School Leaving Certificate (FSCL) and West African Examination Certificate (WAEC) with Name: **ONOCHIE PETER ONYESI**.
3. That I received my First School Leaving Certificate (FSCL) at **Akwu-kwu-Igbo Primary School, Delta State** in the year **2005** and my West African Examination Certificate (WAEC) at **Akwu-kwu-Igbo Grammar School, Delta State** in the year **2010**.
4. That all diligent effort made to trace and recover the said Original First School Leaving Certificate (FSCL) and West African Examination Certificate (WAEC) proved abortive; hence this affidavit.
5. That this affidavit is now required for record and official purposes and all relevant authorities concern.

AND THAT I make this solemn declaration conscientiously believing the same to be true and correct by virtue of the provision of the Oath Act, 2004.

Oath ₦500.00

DEPONENT

Sworn at the Magistrate Court Registry, Eelenwo

This 27<sup>th</sup> day of Oct, 2025.

21484  
THE JUDICIARY  
MAGISTRATE COURT, REGISTRY  
ELENWO  
CASH OFFICE  
27/10/2025

BEFORE ME:

PATIENCE A. DAVID

COMMISSIONER FOR OATHS



IN THE MAGISTRATE COURT OF RIVERS STATE OF NIGERIA  
IN THE ELELENWO MAGISTERIAL DISTRICT  
HOLDEN AT ELELENWO

STATUTORY DECLARATION OF AGE

I, **ONOCHE PETER ONYESI**, a native of *Akwu-kwu-Igbo* in *Oshimili* North Local Government Area of Delta State, an adult male Citizen of the Federal Republic of Nigeria, now residing at No.21 Odani Road, Elelenwo, Port Harcourt, Rivers State, do hereby make an oath and solemnly depose as follows:

1. That I am the declarant herein and swear to this Affidavit in good faith.
2. That to the best of my knowledge and belief I, **ONOCHE PETER ONYESI** was born on the 1<sup>st</sup> day of October, 1993 at Delta State, Nigeria.
3. That at the time of birth, my birth was not officially registered; hence this Affidavit in lieu of my birth certificate.
4. That this affidavit is now made for record and official purposes and for the information of all authorities concern.

AND THAT I make this solemn declaration conscientiously believing the same to be true and correct by virtue of the provision of the Oath Act, 2004.

*Dale - Afsonoo*

\_\_\_\_\_  
DECLARANT

sworn to at Chief Magistrate Court Registry  
Elelenwo, Obio/Akpor L.G.A, Rivers State

This *27<sup>th</sup>* day of *Oct*, 2025



BEFORE ME:

*P*  
\_\_\_\_\_  
PATIENCE A. WIN

COMMISSIONER FOR OATHS



**IN THE MAGISTRATE COURT OF RIVERS STATE OF NIGERIA**  
**IN THE ELELENWO MAGISTERIAL DISTRICT**  
**HOLDEN AT ELELENWO**

**AFFIDAVIT OF MARRIAGE**

I. **ONOCHIE PETER ONYESI**, a native of Akwu-kwu-Igbo in Oshimili North Local Government Area of Delta State, an adult male Citizen of the Federal Republic of Nigeria, now residing at No.21 Odani Road, Elelenwo, Port Harcourt, Rivers State, do hereby make an oath and solemnly depose as follows:

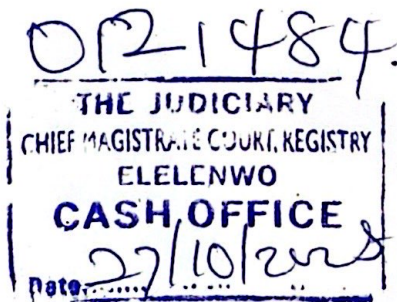
1. That I am the deponent herein and depose to this affidavit in good faith.
2. That **MRS OGECHI ONOCHIE** is my Wife.
3. That I got married to **MRS OGECHI ONOCHIE** on the 19<sup>th</sup> Day of **December, 2020** Uku-Ikeduru Local Government Area of Imo State.
4. That the marriage was carried out in accordance with the customs and tradition of Uku-Ikeduru Local Government Area of Imo State.
5. That both families gave their consent and blessings on the marriage.
6. That this affidavit is now required for record and official purposes and for the information of all the relevant authorities concerned.

**AND THAT I** make this solemn deposition conscientiously believing same to be true and correct by virtue of the provision of the oath act of 2004.

\_\_\_\_\_  
**DEPONENT**

Sworn to at Chief Magistrate Court Registry  
Elelenwo, Obio/Akpor L.G.A, Rivers State

This 27<sup>th</sup> day of Oct 2025



BEFORE ME: Patience A. David

**PATIENCE A. DAVID**

\_\_\_\_\_  
**COMMISSIONER FOR OATHS**







EMPLOYMENT GUARANTORS FORM

According to Standard ISO 9001-2015



Mr./Mrs./Miss ONOCHIE PETER ONYESI who has been in our employment has given your name as his/ her guarantor. Please confirm your willingness to guarantee him/ her against any loss by completing this form.

1. ONOCHIE PETER ONYESI Is the candidate well known to you?

2. What is your relationship with him/her? His MY Brother

3. How long have you known him/ her? (Not less than 3years) 20 Years

4. Please state your occupation

Electrical Engineer

Dr/Mr./Mrs./Miss Mr. SAMUEL DOLLARS TIBUNOH

..... of  
Home 11 opforo lane Elelenwa Rivers state address  
Office address 11 opforo Lane Elelenwa Rivers State stand as a guarantor to Mr./Mrs./Miss Mr. onochie Peter onyesi. Who is currently a staff in C & I LEASING PLC.

That I irrevocably and unconditionally guarantee to indemnify the company against the following:

- a) any loss suffered as a result of Mr./Mrs./Miss Mr. onochie peter onyesi action while in the company's employment
- b) any action arising from Mr./Mrs./Miss Mr. onochie peter onyesi desertion of the Company for any offence committed or arising from his/her employment.

That I promise to produce him/her any time needed for any reason of security interest. This

guarantee shall be governed by the laws of the Federal Republic of Nigeria.

Name: SAMUEL DOLLARS TIBUNOH Signed: [Signature]

Telephone numbers: 08035995363 Date: 28/10/25

Email Address: dollarslibs5@gmail.com

**NB: Acceptable Guarantors: Lecturers, Architects, Engineers, Teachers, Doctors, Nurses, Lawyers, Bankers, Accountants, Managers/Deputy Managers of reputable companies and Senior Civil Servants not lower than Grade level 8 excluding uniform personnel.**

**Note:**

- 1. Any other level of guarantor in conflict with the above stated level is not acceptable.
- 2. A photocopy of the guarantor's Identity Card (including Workplace Id, Driver's License, national Id, voter's card & int'l Id) is to be submitted along with this Form
- 3. Guarantor's recent passport is to be affixed to this Form.

6174 918 5183

National Identification Number (NIN)



NGA

Surname: JIBUNOH  
Given Name: SAMUEL, DOLLARS  
Date of Birth: 12 MAR 1971



**DISCLAIMER**

*Trust, but verify*

Kindly ensure each time this ID is presented, that you verify the credentials using a Government-APPROVED verification resource. The details on the front of this NIN Slip must EXACTLY match the verification result.

**CAUTION!**

If this NIN was not issued to the person on the front of this document, please DO NOT attempt to scan, photocopy or replicate the personal data contained herein. You are only permitted to scan the barcode for the purpose of identity verification. The FEDERAL GOVERNMENT of NIGERIA assumes no responsibility if you accept any variance in the scan result or do not scan the 2D barcode overhead.

RC: 11

# FOUNTAIN HEALTHCARE LIMITED

HEALTH MAINTENANCE ORGANIZATION (HMO)



## ENROLMENT FORM

(To be completed by every employee/member)

**1. Personal Data:**

Surname: ONOCHIE Other Names: PETER

Occupation: DRIVER Marital Status: MARRIED

Sex: MALE Date of Birth: 1-OCT-1993 Genotype: \_\_\_\_\_

Tel. No. 07036265201 E-mail: \_\_\_\_\_

Residential-Address: NO: 21 ODANI ROAD ELELENWA PH RIVER STATE

Plan Type:  Essential  Classic  Gold  Diamond  Platinum

**2. Employer's Data:**

Name of Company: C&I Leasing PLC

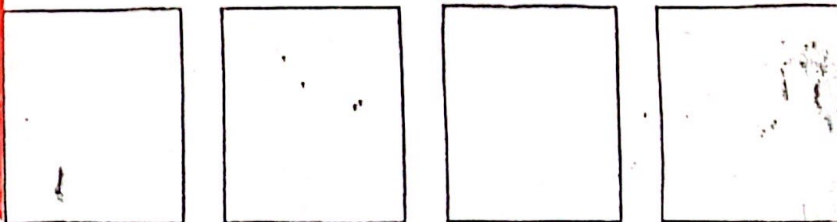
**3. Choice of Hospital:**

Name of Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*\*Any undeclared pre-existing health condition at the point of registration will not be covered.**

Dependants	Name	Date of Birth	Sex	Genotype	Medical Conditions
Spouse	DGECHI ONOCHIE	18/07/1995	F		
Child 1	DESTINY ONOCHIE	22/07/21	M		
Child 2					
Child 3					
Child 4					



Signature on the reverse side of the photograph.

Date: \_\_\_\_\_