



# IDENTITY CARD FORM



Staff ID Card Number: **S**

NAME:

SOLE	ADAMA
------	-------

Surname

First Name

Others

POSITION:

ATTENDANT
-----------

UNIT/BRANCH:

ABUJA 2
---------

STAFF SIGNATURE:

--

AUTHORISATION:

--

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



**LEASING PLC**

**STAFF PERSONAL DATA FORM**

STAFF ID CARD NO 5027663

SULE  
NAME (Surname)

ADAMA  
First Name

Middle Names

24 09 1983  
Date of Birth (DD/MM/YYYY)

KOBI  
State of origin

BASSA  
LGA

male  
Gender

Street C 86 ANKWUA KASWA Gwagwa Abuja  
Contact Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

Street E 86 Ankwua Kaswa Gwagwa Abuja  
Permanent Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

Sule a376@gmail.com  
Email Address

08100299996  
Staff Mobile Telephone No.

Other No.

**BANK ACCOUNT/PENSION DETAILS**

First bank  
BANK NAME

3088929997  
ACCOUNT NUMBER

Designated Banks:

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

**PEN**

PENSION FUND ADMINISTRATOR

PENSION NUMBER

22211596499

**FAMILY INFORMATION**

Married  
Marital Status

**BVN**

11/04/1992 10/03/2012 08131849720 Page 2 of 3  
Spouse's Birthday Wedding Date Tel. Number of Spouse

BASSA  
Sule Adama Muhammed

Street 186 ANKAWA KASUWA Gwagwa

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

**Contact Address of Next of Kin**

Sule Adama Kadija

08100299996

**Relationship**

**Tel. Number of Next of Kin**

Education

WAEC/NECO

Qualification

Course of Study

2003

Year of Graduation

Higher Institution Attended

Previous Employment

Rainoil

Previous Employer (1)

Rainoil Abuja 2

Previous employer address

Job Role

Rainoil


Previous Employer (2)

Rainoil Abuja 2

Previous employer address

Job Role

Sule Adama

 26/4/2021

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

## EMPLOYMENT GUARANTEE FORM

Our employment process requires that a person seeking employment in our establishment should produce a credible, responsible and acceptable person as Guarantor subject to employment confirmation. If you are willing to stand as a guarantor for the said applicant, kindly complete this form.

Please note that it is dangerous to stand as a guarantor for someone whom you do not know. Guarantors are warned that any false declaration on this form will attract severe consequences, which may include prosecution.



Mr/Mrs/Miss ALHAJI MUHAMMED MUKHTAR who is being considered for 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. Is the candidate well known to you? BLOOD BROTHER
2. What is your relationship with him/ her? Blood brother
3. How long have you known him/ her? (Not less than 3years) 30 years
4. Please state your occupation Business man

I, Dr/Mr./Mrs./Miss Alh. Muhammed Mukhtar of  
 Home address Gwagwa opposite customary Court and  
 Office address ALI MOTORS NIG. ENI Aghia KUBWA EXP stand as a guarantor  
 to Mr/Mrs/Miss SULE ADAMA who is being considered for employment 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 Sule Adama action while in the company's employment
- b) any action arising from Mr/Mrs/Miss Sule Adama 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: MUHAMMED MUKHTAR

Signed: [Signature]

Telephone numbers: 08065860163

Date: 25-4-2021

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

**NB: Acceptable Guarantors: Lecturers, Architects, Engineers, Teachers, Doctors, Nurses, Lawyers, Bankers, Accountants, Managers/Deputy Managers of reputable companies, Traditional rulers and Clergy from well recognized churches/mosques, 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 (excluding Driver's License) is to be submitted with this Form



**ALI MOTORS NIG. ENT.**

Abuja Kubwa Exp. Way Before Aso  
Radio Katampe Abuja F.c.t

Tel: 08059257652-08038489913  
08065860163.



**MUHAMMED MUKHTAR**

SEC.

*MM*  
Holder's Signature.

**IDENTITY CARD**

The Bearer Whose Name Photograph  
And Signature Appear Overleaf  
Is Member Of:

**ALI MOTORS NIG. ENT.**

Is Found, Please Return To The  
Address Overleaf Or To The  
Nearest Police Station.

*[Handwritten Signature]*  
Authorised Signature.

## EMPLOYMENT GUARANTEE FORM

Our employment process requires that a person seeking employment in our establishment should produce a credible, responsible and acceptable person as Guarantor subject to employment confirmation. If you are willing to stand as a guarantor for the said applicant, kindly complete this form.

Please note that it is dangerous to stand as a guarantor for someone whom you do not know. Guarantors are warned that any false declaration on this form will attract severe consequences, which may include prosecution.



Mr/Mrs/Miss BENJAMIN A. JACOB who is being considered for 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. Is the candidate well known to you? Yes
2. What is your relationship with him/her? BROTHER
3. How long have you known him/her? (Not less than 3years) 10 years
4. Please state your occupation PUBLIC SERVANT

I, Dr/Mr./Mrs./Miss MR BENJAMIN A. JACOB of  
Home address F.R.S.C CDTR KARY, F.R.S.C RS HQ and  
Office address WUSE ZONE 3, FCT ABUJA stand as a guarantor  
to Mr/Mrs/Miss SULEIMAN ADAMA who is being considered for employment 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 SULEIMAN ADAMA action while in the company's employment
- b) any action arising from Mr/Mrs/Miss SULEIMAN ADAMA 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: BENJAMIN A. JACOB

Signed: [Signature]

Telephone numbers: 07039083199

Date: 28/04/2021


Email Address: ib.abraham2019@gmail.com

**NB: Acceptable Guarantors: Lecturers, Architects, Engineers, Teachers, Doctors, Nurses, Lawyers, Bankers, Accountants, Managers/Deputy Managers of reputable companies, Traditional rulers and Clergy from well recognized churches/mosques, 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 (excluding Driver's License) is to be submitted with this Form

**FEDERAL ROAD SAFETY CORPS**



**STAFF IDENTITY CARD**

BENJAMIN A JACOB  
Name

CHIEF ROAD MARSHAL ASST  
Rank

M-0207-06069  
PIN

05-12-2019      04-11-2023  
Issuing Date      Expiring Date

Holder's Signature



This card identifies the bearer  
as a staff of the  
**FEDERAL ROAD SAFETY CORPS.**  
09055792586

If found, please  
return to the FRSC,  
National Headquarters,  
No 3, Maputo Street, Zone 3,  
Wuse, Abuja, Nigeria.



Corps Marshal

Ref No.\* **25CR10136943**

P.O. Box/P.M.B.

Employer's Phone (Country Code + Telephone Number)  
**08100299996**

Nature of Business\*

Date of First Appointment\*\*  
**04 11 2014**

Date of Current Employment  
**11 02 2021**

**4. NEXT OF KIN'S PERSONAL DATA**

Title\* (Mr/Mrs/Ms/Miss)

Gender\* (M/F)  
 M

First Name\*  
~~MUHAMMAD~~ **SULE**

Middle Name  
**ADAMA**

Surname\*  
**MUHAMMED**

Relationship\*  
**KADIJAT**

**Next of Kin's Correspondence Address\***

Location\* (Please tick as appropriate)  
 Nigeria  Abroad

House Number/Name  
**ST.REE86**

Street Name  
**ANKWUA KASUWA**

Village/Town/City\*\*  
**KOJA**

NOK LGA of Residence Code\*\*  
**BASSA**

NOK State of Residence\*\*

NOK Country of Residence Name Code\*

NOK Zip Code

NOK P.O. Box/P.M.B.

NOK Phone Number\* (Country Code + Mobile Number)

NOK E-mail Address  
**SULE#376@gmail.com**

**How would you like to receive your vital documents? (Registration Certificate, RSA Statement e.t.c)**

Select as appropriate: Email:  Post Office:  Residential Address:  Hold / Don't deliver:

**5. Certification\***

I hereby certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon my request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected,

Name: **SULE ADAMA**

Address: **Street 86 Ankwue Kasuwa Gwagwe Abuja**



  
 Signature\*\*

Date\*  
**26 04 21**

**FOR OFFICE USE ONLY**

PFA Details  
 Date of Registration\*

Agent Name

Agent Code\*

Ref No.\* **25CR10136943**

**RETIREMENT SAVINGS ACCOUNT OPENING FORM**

PLEASE FILL IN BLACK INK AND BLOCK LETTERS

REGISTRATION TYPE\* (Please tick as appropriate)  New Registration  TPIN Regularization  Temporary PIN\*\*

**1. PERSONAL DATA**

Title\* (Mr/Mrs/Ms/Miss)

First Name\* **SULE** Middle Name

Surname\* **ADAMA**

Maiden/Former Name  Gender\* (M/F)

Marital Status\* (MD/SG/DV/WD/SP)  Nationality\* **NIGERIA** State of Origin\*\* **KOGI** LGA of Origin Code\*\* **BASSA**

Place of Birth\* (City) **KOGI** Bank Verification Number (BVN) **22211596499**

National Identity Number (NIN)\*  Date of Birth\* **24 09 1983**

Residential Address\* Location\* (Please tick as appropriate)  Nigeria  Abroad  House Number/Name **86** Street Name **ANKWA KASUWA**

Village/Town/City\*\* **GWAGWA ABUJA**

LGA of Residence Code\*\*  State of Residence Code\*\*  Country of Residence Code\*  Zip Code\*\*  P.O. Box/P.M.B

Personal E-mail Address **SULEA376@gmail.com**

Phone Number (Country Code + Mobile Number)\* **08100299996** 2nd Phone Number (Country Code + Mobile Number)\*\*

**2. EMPLOYMENT RECORDS** Sector Classification\* (Please tick as appropriate)

01 - Federal Govt (PU)  02 - State Govts (ST)  03 - Private Reg Companies - Private (Ltd) and Public (Plc) (PR)  04 - Business Names (BR)   
05 - Foreign Agencies (FR)  06 - Embassies (EM)  07 - NGOs (NG)  08 - Unions (UN)  09 - Cross Border (CB)

Employer's Name\* (Write in full) **SULE ADAMA**

Employer's Address\* Location\* (Please tick as appropriate)  Nigeria  Abroad  Building Number/Name  Street Name

Village/Town/City\*\* **KOGI** LGA Area Code\*\* **BASSA** State Code\*\*  Country Code\* **080** Zip Code\*\*



FEDERAL MORTGAGE BANK OF NIGERIA  
(National Housing Fund Decree 3, 1992)

NHF. 2

INDIVIDUAL REGISTRATION FORM

- A. Please read the form carefully before completing it
- B. The completed form should be returned with two passport photographs with your name boldly written on the reverse side
- C. Return the completed form to:

FMBN office nearest to you



EMPLOYMENT STATUS  
(As at date of completing this form)

Please tick where applicable:

Employed full-time  Employed part-time  Self-employed

EMPLOYER'S NUMBER (if not self-employed)

PERSONAL DETAILS

Title (Specify)  \*Surname **S U L E**

\*First Name (& Other Names) **A D A M A**

Address **A N K W A K A S U W A G W A**  
**G W A A B U J A**

Basic Salary/Income P.A (N)  STAFF/IPPIS ID

\*Date of Birth **24 09 83** State of Residence

\*Phone Number **08100299996** \*BVN **22211596499**

E-mail Address **Sulea376@gmail.com** Account No. **3088729997**

Bank Name **first bank**

NEXT OF KIN DETAILS: Name **S U L E A D M A M U H A M M E D**

Address **A N K W A K A S U W A**  
**G W A G W A A B U J A**

NEW EMPLOYMENT DETAILS:

Contributor's Number  New Employer's Number

Applicants signature or  
Thumb Print

**26/4/2021**

Employer's signature Date &  
Official stamp

(\* Note this is a compulsory field)

FOR FMBN USE ONLY

- i) Date Received \_\_\_\_\_ Ref. No. \_\_\_\_\_ Initial & Date \_\_\_\_\_
- ii) Participation No. Issued/verified \_\_\_\_\_ Initial & Date \_\_\_\_\_
- iii) Date File Created \_\_\_\_\_ Initial & Date \_\_\_\_\_
- iv) Acknowledgement sent \_\_\_\_\_ Initial & Date \_\_\_\_\_
- v) Checked By \_\_\_\_\_ Initial & Date \_\_\_\_\_



# FEDERAL REPUBLIC OF NIGERIA



CANDIDATE No.  
31701996IH

NATIONAL EXAMINATIONS COUNCIL

## SENIOR SCHOOL CERTIFICATE

June 2003

This is to certify that SULE ADAMA  
of GOVT. SEC. SCH. STADIUM KANO 015031  
sat the Senior School Certificate Examination in the year Two Thousand and Three  
and scored the grade(s) recorded below in the following 9 (NINE) subject(s).

Subject	Grade	Interpretation
English Language	C6	Credit
Mathematics	C6	Credit
Hausa Language	C6	Credit
Islamic Studies	B3	Good
Geography	C6	Credit
Biology	C5	Credit
Chemistry	E8	Pass
Physics	E8	Pass
Agricultural Science	B3	Good

ANY ALTERATION OR ERASURE RENDERS THIS CERTIFICATE VALUELESS

Chairman - Governing Board

Certificate Serial No.  
301081815

Registrar - National Examinations Council



KOGI STATE OF NIGERIA

CERTIFICATE OF PRIMARY EDUCATION

Name: SULE ADAMA  
 Date of Birth: 24TH SEPTEMBER 1983  
 Tribe: BASSA-NGE Nationality: NIGERIAN  
 Birth Place: KOJI Home Division: BASSA  
 Name of Parent or Guardian (and his Occupation): ADAMA FARMING

Class	Details of Schools Attended	Year
Primary 1	KRA SCHOOL KOJI	1991
Primary 2	) ) )	1992
Primary 3	) ) )	1993
Primary 4	) ) )	1994
Primary 5	) ) )	1995
Primary 6	) ) )	1996

This is to certify that the pupil named above has completed the year 1996 in Class 6 with a minimum of 75 percent attendance

HEADMASTER'S REPORT

Order of merit, final year: 4TH place out of: 34  
 \*1 English: Good Average Weak  
 \*2 Arithmetic: ~~Good~~ Average Weak  
 \*3 General Paper: Good Average Weak  
 4 His strong subjects (if any) are: ENGLISH AND GENERAL PAPER  
 \*5 Outdoor activities: FOOTBALL  
 \*6 Sense of responsibility: Good Average Weak  
 7 Posts of responsibility held:

8 Industry: HAND CRAFT  
 9 General Conduct: SAISFACTORY  
 \*Strike out words not applicable  
 Signature of Pupil: S. Adama  
 Date: 11/12 1996  
 Signature/Stamp: [Signature]  
 Local Govt. Education Authority Sec.

This Certificate is supplied only to schools approved by the Ministry of Education. It should be kept in a safe place for if lost or destroyed no copy will be issued.



# CURRICULUM VITAE

## SULE ADAMA

Address: Lungu Gwarimpa, FCT Abuja  
Phone No: 08100299996

### PERSONAL DATA

Date of Birth:	24 <sup>th</sup> September, 1983
Sex:	Male
State of Origin:	Kogi
Local Government:	Bassa
Marital Status:	Married
Nationality:	Nigerian
Religion:	Muslim

### EDUCATIONAL INSTITUTE ATTENDED WITH DATES:

- L.E.A Primary School Kogi Kogi State 1991 – 1996
- Government Secondary School Kano State 1997 – 2003

### QUALIFICATION OBTAINED WITH DATE:

- First School Leaving Certificate Examination (FSLC) 1996
- Senior School Certificate Examination (WAEC) 2003

### WORKING EXPERIENCE:

### POSITION

Rain Oil Station Karmo, Abuja

Attendant

### HOBBIES

Reading, travelling and Games

### REFEREES

**Alh. Mohammed Mukhtar**  
**08065860163**

**Alh. Sule Bashiru**  
**Lungu Gwarimpa Abuja**  
**Tel: 08099804477**



THE CUSTOMARY COURT OF APPEAL OF THE FEDERAL CAPITAL TERRITORY, ABUJA



STATUTORY DECLARATION OF AGE

I MR. MURETU Sule of KOJI town BASSA of Kogi State do solemnly make Oath and state as follows:-

2. That my age is 45 years

3. That I am the MO ZAR of Sule ADAMA  
(State Relationship) (Here state name of person about whom declaration is made)

4. That to the best of my knowledge and belief the said Sule ADAMA was born at KOJI town in BASSA Local Government Area of Kogi State on the 24th day of SEPTEMBER, 1983

5. That at the time his/her birth was not Registered at Kogi town in BASSA Local Govt - Area of Kogi State

6. That I make this solemn declaration conscientiously believing the same to be both true and correct by virtue of the provisions of the Oath Act 1990.

1st April 2021  
Date

[Signature]  
Signature or mark of declarant

I certify that the above declaration has been interpreted to the Declarant and that he/she appears closely to understand same and affix his/her mark to it in my presence.

.....  
Date

.....  
Signature or mark of Interpreter

Declared at the Customary Court, by.....Registry, Abuja

This 1st day of April, 2021

B E F O R E M E

[Signature]  
Date: 4/2/21  
COMMISSIONER FOR OATHS

Fees Paid: 500.00  
Receipt No: paid  
Date: 01/4/2021

## FORM INSTRUCTIONS

1. FORMS SHOULD PLEASE BE FILLED LEGIBLY AND ACCURATELY IN BLACK INK
2. FORMS SHOULD BE RETURNED TO OUTSOURCING DESK C&I LEASING 2<sup>ND</sup> FLOOR NIGERIAN RE-INSURANCE BUILDING ,OPPP UNITY BANK CENTRAL AREA ABUJA **WITH 2 WHITE BACKGROUND PASSPORT PHOTOGRAGH OF CANDIDATE**
3. CANDIDATE SHOULD RETURN FORMS WITH PHOTOCOPIES OF THEIR **BIRTH CERTIFICATE/DECLARATION OF AGE, CERTIFICATE OF ORIGIN, CV, AND MARRIAGE CERTIFICATE (OR SWORN AFFIDAVIT)**, ALL ACADEMIC CERTIFICATES INCLUDING FIRST SCHOOL LEAVING CERTIFICATE WHERE APPLICABLE.
4. IN ADDITION DRIVERS SHOULD SUBMIT CLEAR PHOTOCOPY OF THEIR VALID DRIVERS LICENCE ALONG WITH THE FORMS
5. DRIVERS SHOULD SIGN THE ATTACHED CHAUFFEURS CODE OF CONDUCT AND RETURN WITH FORM
6. **ALL REQUIRED ADDRESSES SHOULD BE DETAILED AND VERY DESCRIPTIVE AND TRACEABLE**
7. GUARANTORS SHOULD ATTACH PSSPORT PHOTO AND CLEAR PHOTOCOPY OF THEIR **WORKPLACE ID CARDS**
8. GUARANTORS MUST BE CLERGY MEN FROM RECOGNISED WORSHIP CENTRES,CIVIL SERVANTS ABOVE LEVEL 8,PRIVATELY EMPLOYED INDIVIDUALS AND PROFESSIONALS.UNIFORMED SECURITY PERSONNEL OF ANY SORT ARE NOT ACCEPTABLE
9. UPON RECEIPT OF ID CARD NUMBERS ALL EMPLOYED /ONBOARDED STAFF ARE REQJURED TO REGISTER ON **WWW.TBS.C-ILEASING.COM** USING THEIR STAFF ID CARD AND VALID EMAIL ADDRESS FILLED ON THE EMPLOYMENT FORMS .ALL STAFF COMPULSORILY MUST UPLOAD ALL ACADEMIC DOCUMENTS AND REQUIRED PROFILE DETAILS ON THIS STAFF PORTAL .
10. FOR ENQUIRIES CONTACT [ajibola.adebayo@c-ileasing.com](mailto:ajibola.adebayo@c-ileasing.com)