



IDENTITY CARD FORM

According to Standard ISO 9001-2015

CODE: Q90-F15
ISSUE: 1
Date of ISSUE:
01/09/19
REVISION DATE:



Staff ID Card Number: **S**

NAME:

Efe ufuoma peale

Surname

First Name

Others

POSITION:

PUMP Attendance

UNIT/BRANCH:

(6) EVERHEM units Rainoi

STAFF SIGNATURE:

AUTHORISATION:

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

STAFF EMPLOYMENT DATA FORM

1. STAFF SURNAME - Efe
2. STAFF FIRST NAME - Ufuma
3. STAFF MIDDLE NAME - Peace
4. DATE OF BIRTH - Calendar grid - 1st June 2, 1999
5. GENDER - female
6. MARITAL STATUS - Married
7. STATE OF ORIGIN - Uthobo
8. LOCAL GOVERNMENT AREA - Udu Local Government
9. PLACE OF BIRTH - Warri
10. PHONE NUMBER 1 - 09057744512
11. PHONE NUMBER 2 - 09057744512
12. E-MAIL -
13. RESIDENTIAL ADDRESS - 6, Enehen
14. LOCAL GOVT AREA - Udu
15. NEXT OF KIN'S NAME - PETE EFE
16. RELATIONSHIP WITH NEXT OF KIN - my son
17. NEXT OF KIN'S DATE OF BIRTH - 1 Nov 2019
18. NEXT OF KIN'S ADDRESS - 6 Enehen road
19. NEXT OF KIN'S PHONE NUMBER -
20. NEXT OF KIN'S EMAIL - None
21. NAME OF CLOSEST RELATIVE - Godday
22. CONTACT ADDRESS OF CLOSEST RELATIVE -
23. HIGHER INSTITUTION ATTENDED - Secondary School
24. QUALIFICATION - WAFC
25. COURSE OF STUDY - ~~Credit~~ Law
26. GRADE -
27. MONTH & YEAR OF ADMISSION -
28. MONTH & YEAR OF GRADUATION -
29. BANK & ACCOUNT NUMBER - 2412204438
30. PENSION FUND ADMINISTRATOR -
31. PENSION NUMBER -
32. BANK VERIFICATION NUMBER - 22178337108



NO: 01124

FOUNTAIN HEALTHCARE LIMITED

HEALTH MAINTENANCE ORGANIZATION (HMO)

ENROLMENT FORM

(To be completed by every employee)

1. Personal Data:

Surname: Efe **Other Names:** ufuoma
Occupation: pump attendance **Marital Status:** married
Sex: _____ **Date of Birth:** June 2 1999 **Gender:** AA
Tel. No. 0905474452 **Email:** none
Residential Address: No 15, Enehen road
Plan Type: Essential Classic Gold Diamond Platinum

2. Employer's Data:

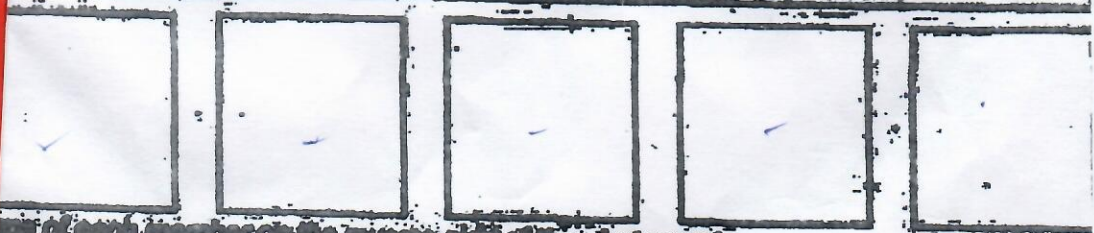
Name of Company: Rain oil

3. Details of Hospital:

Name of Hospital: Golden dawn
Address: No 6 Enehen road

****Any unindicated pre-existing health condition of the patient of registration will not be covered.**

Applicant	Name	Date of Birth	Sex	Gender	Medical Conditions
Spouse	-	-	-	-	-
Child 1	<u>Uwani</u>	-	-	-	-
Child 2	-	-	-	-	-
Child 3	-	-	-	-	-
Child 4	-	-	-	-	-



_____ of each member on the reverse side of the photograph.

Signature: _____ Date: _____



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 *ufoma* Employed part-time *morning* Self-employed

EMPLOYER'S NUMBER (if not self-employed)

09057744512

PERSONAL DETAILS

Title (Specify) *Surname *Efe*

*First Name (& Other Names) *ufoma peace*

Address *No 6 Enehen road*

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

*Date of Birth *June 2 1999* State of Residence *Nigeria*

*Phone Number *09057744512* *BVN *22178337108*

E-mail Address Account No. *2412204438*
Bank Name *Zenith Bank*

NEXT OF KIN DETAILS: Name *Peter Efe*

Address *Enehen road*

NEW EMPLOYMENT DETAILS: *Apr 4/04/2022*

Contributor's Number New Employer's Number

[Signature]

Applicants signature or
Thumb Print

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 _____

[Signature]



EMPLOYMENT GUARANTORS FORM

According to Standard ISO 9001-2015



Mr./Mrs./Miss miss ifoma efe 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. yes ifoma Efe AYOKO Is the candidate well known to you?

2. What is your relationship with him/her? married

3. How long have you known him/ her? (Not less than 3years) 4 years

4. Please state your occupation

ALUMINIUM WORKER

Dr/Mr./Mrs./Miss Efe AYOKO

..... of

Home address

udu road

Office address No 5 Akroie Enenben stand as a

guarantor to Mr./Mrs./Miss Miss ifoma efe 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 action while in the company's employment
- b) any action arising from Mr./Mrs./Miss 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: Efe AYOKO

Signed: [Signature]

Telephone numbers: 09057744512

Date: 6/04/2022

Email Address: _____

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.



AYORO

EFF

10-04-1984

STUDENT

4 EKHRUO VIE STR

ENRKEN

UWIE

DELTA





EMPLOYMENT GUARANTORS FORM

According to Standard ISO 9001-2015

CODE: Q90-F14
ISSUE: 1
Date of ISSUE: 01/09/19
REVISION DATE:

Mr./Mrs./Miss. Efe ufuoma 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. JOY IDIGBE the candidate well known to you?

2. What is your relationship with him/her?

3. How long have you known him/ her? (Not less than 3years) 4 years

4. Please state your occupation
TAILOR

Dr/Mr./Mrs./Miss.
..... of

Home udu road address

Office address Erenhen road and
UFUOMA Efe stand as a guarantor to Mr./Mrs./Miss 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 action while in the company's employment
b) any action arising from Mr./Mrs./Miss 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: JOY IDIGBE Signed: [Signature]

Telephone numbers: 09057744512 Date: 6/04/2022

Email Address: _____

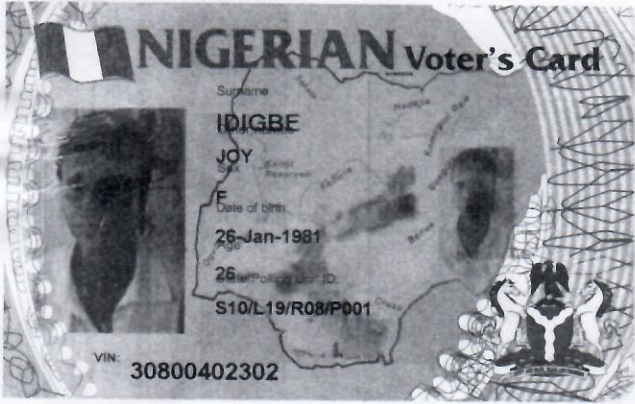
NB: Acceptable Guarantors: Lecturers, Architects, Engineers, Teachers, Doctors, Nurses, Lawyers, Bankers, Accountants, Managers/Deputy Managers of reputable companies and Senior Civil Servants not lower than Grade level 8 excluding uniform personnel.

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 3. Guarantor's recent passport is to be affixed to this Form.

NIGERIAN Voter's Card

Supreme
IDIGBE
JOY
Date of birth
26-Jan-1981
26
S10/L19/R03/P001

VIN: **30800402302**

A Nigerian Voter's Card for IDIGBE JOY. The card features a black and white photograph of a man on the left. The background is a map of Nigeria with state names like 'KADUNA STATE' and 'KANO STATE' visible. The card includes the Nigerian flag at the top left and a small illustration of a person at the bottom right. The text on the card provides personal details: name (IDIGBE JOY), date of birth (26-Jan-1981), and a unique identifier (S10/L19/R03/P001). A VIN number (30800402302) is printed at the bottom left.