

State Housing Estate
Ikom L. G. A
Cross River State
9th January 2024.

The Manager
Ranoil Company P. L. C.
9th January 2024.

Dear Hiring Manager,
AN APPLICATION FOR THE POST OF GAS STATION
ATTENDANCE

I am writing to express my interest in the gas station attendance position at your establishment, as advertised with a strong work ethic, excellent customer service skills, and a commitment to safety, I am confident in my ability to contribute to the efficient operation of your gas station.

I am well-versed in maintaining a clean and organized work environment, ensuring the safety of both customers and colleagues.

I am excited about the opportunity to join your team and contribute to the success of your gas station, Thank you for considering my application.

YOUR SINCERELY
AGUM ALEX AKONG
08157256484, 09039113679



Click here to visit our corporate website

Results

Candidate Information

Examination Number	4100767004
Candidate Name	AKONG AGUM ALEX
Examination	WASSCE FOR SCHOOL CANDIDATES 2019
Centre	TOPMOST INTERNATIONAL ACADEMY, MANKONOR.

Subject Grades

GEOGRAPHY	D7
CIVIC EDUCATION	C5
TOURISM	B3
ENGLISH LANGUAGE	C5
GENERAL MATHEMATICS	B3
AGRICULTURAL SCIENCE	B3
BIOLOGY	C6
CHEMISTRY	B3
PHYSICS	C6

Card Information

Card Use 3 of 5

Click Here to Print



CROSS RIVER STATE LOCAL GOVERNMENT COUNCILS
IKOM LOCAL GOVERNMENT AREA



Office of the Secretary
Ikom Local Government
Ikom

Statutory Declaration Of Age

I, HON. NSED AYAMBEM EBATI a
native of AYUCHASA VILLAGE in IKOM Local Government
Area now residing at: IKOM and PUBLIC SERVANT by
Profession in CROSS RIVER STATE a citizen of the Federal
Republic of Nigeria do hereby make Oath and declare as Follows:

1. That I am the UNCLE of ACUM ALEX AKONG
2. That to the best of my knowledge and belief of the Said ACUM A. AKONG
was born at AYUCHASA VILLAGE in IKOM
Government Area on or 1ST day of MARCH 2002
3. That at the time of the Birth of the said ACUM ALEX AKONG
was no birth registry in IKOM Division.

And that I make this solemn declaration conscientiously believing same to be true and correct, and by virtue of the provision of the Affidavits and declaration edits no. 9 of 1975.

The forgoing has been read and interpreted to the illiterate declaration in ENGLISH Language, who deemed perfectly to understand same before affixing his/her right thump.

.....
(SWORN INTERPRETER)
Sworn to the Secretary,
Ikom Local Government
Ikom

H. Ebaji
.....
(DECLARANT)

RCR/NO22150
07/26/2020 This 26th Day of June 2020

COMMISSIONER FOR OATH





CROSS RIVER STATE OF NIGERIA



KMM 300

IKOM LOCAL GOVERNMENT

LOCAL GOVERNMENT HEADQUARTERS
IKOM

Certificate of Origin

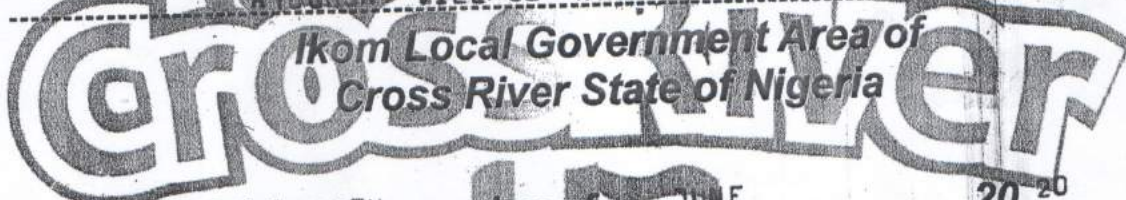
This is to certify that

AGUM, ALEX AKONG

Whose photograph appears below, is an indigene
of

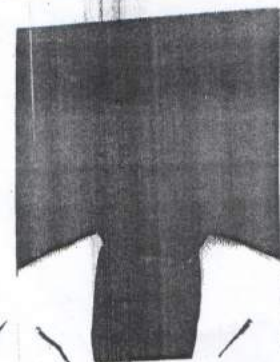
AYUNSA VILLAGE NDE-ATI WDE WARD

Ikrom Local Government Area of
Cross River State of Nigeria



Issued this 26TH day of JUNE 20²⁰

RCR/202220
of 26/06/20
The Nation's paradise



EKUNKE- OGAM C.A. (MRS)
Chairman/Secretary



Dear Agum Alex Akong

123 35 MARINA, LAGOS, LAGOS
LAGOS, LAGOS
NIGERIA

Please find below your bank statement for the period: **01-Jan-2024 To 16-Jan-2024**

Account No:	3173701985	Pending Debit:	(0.00)
Account Name:	AGUM ALEX AKONG	Available Balance:	165.92
Account Type:	CUSTOMERS SAVINGS	Total Credit:	500.00
Currency:	NGN	Total Debit:	340.32

Trans Date	Ref Number	Transaction Details	Value Date	Withdrawal(DR)	Deposit(CR)	Balance
		Opening Balance				6.24
15-Jan-2024	S78441455	FIP:MMB/PETER ENTERPRISE/PETER ENTERP Trf for Cust Ref013101467650	15-Jan-2024	0.00	500.00	506.24
15-Jan-2024	S78476217	QS894:USSD_SESS_CHG:GetAccBal2348157256484 24011513 Ref000061853882	15-Jan-2024	6.98	0.00	499.26
15-Jan-2024	S78482097	QS894:USSD_SESS_CHG:GetAccBal2348157256484 24011513 Ref000061855227	15-Jan-2024	6.98	0.00	492.28
15-Jan-2024	S78499473	QS894:USSD_SESS_CHG:GetAccBal2348157256484 24011513 Ref000061859683	15-Jan-2024	6.98	0.00	485.30
15-Jan-2024	S78582949	QS894:USSD_SESS_CHG:GetAccBal2348157256484 24011513 Ref000061880739	15-Jan-2024	6.98	0.00	478.32
15-Jan-2024	S78597832	QS894:USSD_SESS_CHG:GetAccBal2348157256484 24011513 Ref000061884389	15-Jan-2024	6.98	0.00	471.34
15-Jan-2024	S78891553	QS894:USSD_SESS_CHG:GetAccBal2348157256484 24011513 Ref000061955053	15-Jan-2024	6.98	0.00	464.36
15-Jan-2024	S79077687	QS894:USSD_SESS_CHG:GetAccBal2348157256484 24011514 Ref000061999305	15-Jan-2024	6.98	0.00	457.38
15-Jan-2024	S79635225	BAP:CD/USSD-101300011896453224-HAR/GloA/GLOAirtel Ref011898453224	15-Jan-2024	100.00	0.00	357.38
15-Jan-2024	S87270505	23-Nov-2023 to 22-DEC-2023 SMS Alert Charge RefSMSAlert	15-Jan-2024	100.00	0.00	257.38
15-Jan-2024	S87270505	23-Nov-2023 to 22-DEC-2023 SMS Alert Charge VAT RefSMSAlert	15-Jan-2024	7.50	0.00	249.88
15-Jan-2024	S87303956	23-Nov-2023 to 22-DEC-2023 SMS Alert Charge_QBE RefSMSAlert	15-Jan-2024	20.00	0.00	229.88
16-Jan-2024	S93409275	QS894:USSD_SESS_CHG:GetAccBal2348157256484 24011610 Ref000065664754	16-Jan-2024	6.98	0.00	222.90
16-Jan-2024	S93439981	QS894:USSD_SESS_CHG:GetAccBal2348157256484 24011611 Ref000065672870	16-Jan-2024	6.98	0.00	215.92
16-Jan-2024	S95874992	QS894:101300011905676239/2349039113679 Ref000066272173	16-Jan-2024	50.00	0.00	165.92
		Closing Balance				165.92

Did you
Know?

FirstBank
Since 1984



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- = 50% of your salary with FirstAdvance
 - = N300,000 with FirstCredit

Dial ***894*11*** to get started.

Visit our website www.firstbanknigeria.com for more.

Terms and conditions apply.

-You First-

Please report any discrepancies in this statement within 15 days of receipt. Failure to do so implies the statement is correct.
For enquiries, requests or complaints, call FirstContact on 234 (0) 700-FIRSTCONTACT (+234 0 700 347782868228)
+234 (0) 700 0023200 or +234 01 445 9500 or E-mail: firstcontactcomplaints@firstbanknigeria.com

STAFF EMPLOYMENT DATA FORM

1. STAFF SURNAME - AGUM AKONG
2. STAFF FIRST NAME - ALEX
3. STAFF MIDDLE NAME - AGUM
4. DATE OF BIRTH - Calendar grid 01/03/2002
5. GENDER - MALE
6. MARITAL STATUS - —
7. STATE OF ORIGIN - CROSS RIVER STATE
8. LOCAL GOVERNMENT AREA - IKOM L.G.A.
9. PLACE OF BIRTH - AYUGHASA VILLAGE NDE AFI
10. PHONE NUMBER 1 - 08157256484
11. PHONE NUMBER 2 - 09039113679
12. E-MAIL - agumalex38@gmail.com
13. RESIDENTIAL ADDRESS - STATE HOUSING IKOM
14. LOCAL GOVT AREA - IKOM L.G.A.
15. NEXT OF KIN'S NAME - PROSPER NDEGBERE
16. RELATIONSHIP WITH NEXT OF KIN - MY YOUNGER BROTHER
17. NEXT OF KIN'S DATE OF BIRTH - 15/05/2006
18. NEXT OF KIN'S ADDRESS - AYUGHASA VILLAGE NDE AFI
19. NEXT OF KIN'S PHONE NUMBER - 08109497631
20. NEXT OF KIN'S EMAIL - —
21. NAME OF CLOSEST RELATIVE - EOP PROSPER EBAM
22. CONTACT ADDRESS OF CLOSEST RELATIVE - AYUGHASA VILLAGE
23. HIGHER INSTITUTION ATTENDED - —
24. QUALIFICATION - SSCE
25. COURSE OF STUDY - —
26. GRADE - —
27. MONTH & YEAR OF ADMISSION - —
28. MONTH & YEAR OF GRADUATION - 2019
29. BANK & ACCOUNT NUMBER - FIRST BANK 3173701985
30. PENSION FUND ADMINISTRATOR - —
31. PENSION NUMBER - —
32. BANK VERIFICATION NUMBER - 22612786512
33. CONTACT ADDRESS OF CLOSEST RELATIVE - —
34. HIGHER INSTITUTION ATTENDED - —
35. QUALIFICATION - —
36. COURSE OF STUDY - —
37. GRADE - —
38. MONTH & YEAR OF ADMISSION - —

10/11



IDENTITY CARD FORM



Staff ID Card Number: S

NAME:

Akong	ALEX	AGUM
Surname	First Name	Others


POSITION:

--

UNIT/BRANCH:

KOM

STAFF SIGNATURE:

		
Surname	First Name	Others

AUTHORISATION:

--

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

FOUNTAIN HEALTHCARE LIMITED

RC: 1111424

HEALTH MAINTENANCE ORGANIZATION (HMO)

ENROLMENT FORM

(To be completed by every employee/member)

1. Personal Data:

Surname: AKONG Other Names: AGUM ALEX
 Occupation: STUDENT Marital Status: ---
 Sex: MALE Date of Birth: 01/03/2002 Genotype: A-A
 Tel. No. 09039113679 E-mail: agumalex38@gmail.com
 Residential Address: STATE HOUSING ESTATE
 Plan Type: Essential Classic Gold Diamond Platinum

2. Employer's Data:

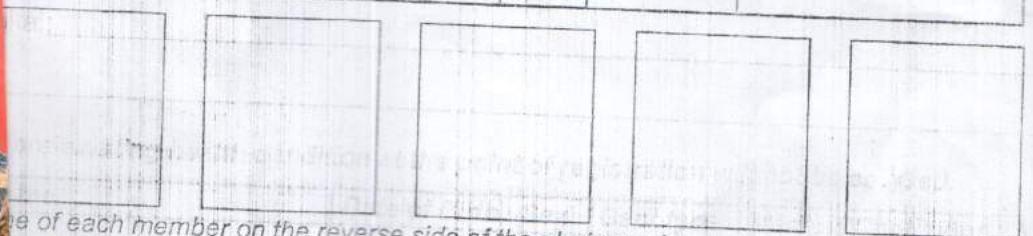
Name of Company: _____

3. Choice of Hospital:

Name of Hospital: HOLY FAMILY CATHOLIC HOSPITAL
 Address: P.O. BOX 21, IKOM CROSS RIVER STATE.

*****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					
Child 1					
Child 2					
Child 3					
Child 4					



Place a photograph of each member on the reverse side of the photograph.

Alex

Date: 13/01/2024



EMPLOYMENT GUARANTORS FORM

According to Standard ISO 9001-2015

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D
R



Mr./Mrs./Miss NELSON PAUL ESE 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. AKONG ALEX Is the candidate well known to you?

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

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

4. Please state your occupation
CASHER OF TOPMOST INTERNATIONAL ACADEMY
Dr./Mr./Mrs./Miss NELSON PAUL ESE

Home FEDERAL HOUSING IKOM address
Office address TOPMOST ACADEMY and
guarantor to Mr./Mrs./Miss AKONG ALEX stand as a
& I LEASING PLC. Who is currently a staff in C

That I irrevocably and unconditionally guarantee to indemnify the company against the following:
a) any loss suffered as a result of Mr./Mrs./Miss AKONG ALEX action while in the company's employment
b) any action arising from Mr./Mrs./Miss AKONG ALEX 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: NELSON PAUL ESE Signed: [Signature]

Telephone numbers: 07034 692770 Date: 14/1/24

Email Address: pauln@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.



National Identity Management System

Federal Republic of Nigeria
National Identification Number Slip (NINS)



Tracking ID: S7Y00G339000LOE	Surname: ESE	Address: FLAT 5 IBA HOUSING ESTATE	
NIN: 07502278270	First Name: NELSON		
	Middle Name: PAUL		
	Gender: M	OJD LAGOS	

Note: The **National Identification Number (NIN)** is your identity. It is confidential and may only be released for legitimate transactions. You will be notified when your National Identity Card is ready (for any enquiries please contact)

 helpdesk@nimc.gov.ng	 www.nimc.gov.ng	 0700-CALL-NIMC (0700-2255-646)	 National Identity Management Commission 11, Sokoto Crescent, Off Dababa Street, Zone 5 Wuse, Abuja Nigeria
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EMPLOYMENT GUARANTORS FORM

According to Standard ISO 9001-2015



Mr./Mrs./Miss UGAH JUSTINE UFEFE 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. AKONG ALEX is the candidate well known to you?
2. What is your relationship with him/her? BEST FRIEND
3. How long have you known him/ her? (Not less than 3years) 3 YEARS
4. Please state your occupation TEACHER

Dr./Mr./Mrs./Miss UGAH JUSTINE UFEFE
..... of

Home EDOR IKOM LGA address

Office address QUERICS EDOR IKOM and

guarantor to Mr./Mrs./Miss AKONG ALEX 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 ALEX AKONG action while in the company's employment
 - b) any action arising from Mr./Mrs./Miss ALEX AKONG 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: UGAH JUSTINE U. Signed: [Signature]

Telephone numbers: 09062952132 Date: 14/1/2024

Email Address: ufefestustine@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.

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.



UQAH: 90F5 81B7 8E28 6083 681
DATE OF REG.: JAN 25, 2011
BATCH.: A/08/12/06/008/06 | SERIAL NO.: 19642021
ISSUED BY INEC PURSUANT TO SECTION 16 OF THE ELECTORAL ACT 2010