

STAFF EMPLOYMENT DATA FORM

1. STAFF SURNAME - OSUEKE
2. STAFF FIRST NAME - Favour
3. STAFF MIDDLE NAME - CHIEHURA
4. DATE OF BIRTH - Calendar grid... 05 MAY 1998
5. GENDER - FEMALE
6. MARITAL STATUS - SINGLE
7. STATE OF ORIGIN - Imo STATE
8. LOCAL GOVERNMENT AREA - HITTE - UBOMA
9. PLACE OF BIRTH - AMAKOTIA
10. PHONE NUMBER 1 - 09041146973
11. PHONE NUMBER 2 - 08146500967
12. E-MAIL - Osuekefavour98@gmail.com
13. RESIDENTIAL ADDRESS - 16, Sylvester Akwodeg Street, works layout overri.
14. LOCAL GOVT AREA - overri municipal
15. NEXT OF KIN'S NAME - Osueke Precious
16. RELATIONSHIP WITH NEXT OF KIN - Sista
17. NEXT OF KIN'S DATE OF BIRTH - 16 - August - 2000
18. NEXT OF KIN'S ADDRESS - 16, Sylvester Akwodeg Street works layout
19. NEXT OF KIN'S PHONE NUMBER - 080 8042 5860
20. NEXT OF KIN'S EMAIL - -
21. NAME OF CLOSEST RELATIVE - Osueke Chetachi
22. CONTACT ADDRESS OF CLOSEST RELATIVE - SPibat
23. HIGHER INSTITUTION ATTENDED - -
24. QUALIFICATION - -
25. COURSE OF STUDY - -
26. GRADE - -
27. MONTH & YEAR OF ADMISSION - -
28. MONTH & YEAR OF GRADUATION - -
29. BANK & ACCOUNT NUMBER - 655 0190030 - Fidelity bank
30. PENSION FUND ADMINISTRATOR - -
31. PENSION NUMBER - -
32. BANK VERIFICATION NUMBER 22302616536



RC: 1111424

FOUNTAIN HEALTHCARE LIMITED

HEALTH MAINTENANCE ORGANIZATION (HMO)

ENROLMENT FORM

(To be completed by every employee/member)

1. Personal Data:

Surname: OSUEKE Other Names: Favour Chigburu

Occupation: STUDENT Marital Status: SINGLE

Sex: FEMALE Date of Birth: 05/may/1998 Genotype: _____

Tel. No. 09041146973 E-mail: Osuekefavour98@gmail.com

Residential Address: 16, Sylvester Hwocha street, works layout, owleri

Plan Type: Essential Classic Gold Diamond Platinum

2. Employer's Data:

Name of Company: _____

3. Choice of Hospital:

Name of Hospital: _____

Address: _____

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

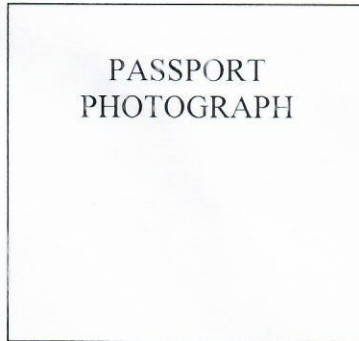
Dependants	Name	Date of Birth	Sex	Genotype	Medical Conditions
Spouse					
Child 1					
Child 2					
Child 3					
Child 4					

Please write the name of each member on the reverse side of the photograph.

Member's Signature: _____ Date: _____



IDENTITY CARD FORM



Staff ID Card Number: **S**

NAME:

OSUEKE	FAVORA	CHIEHIURA
Surname	First Name	Others

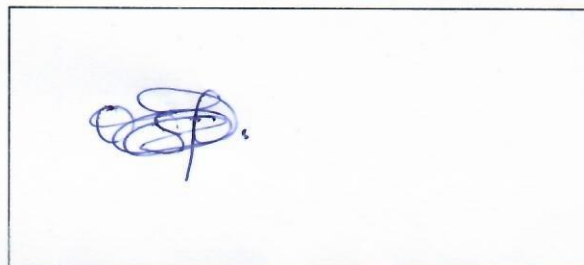
POSITION:

Pump - ATTENDANT

UNIT/BRANCH:

OWERRI BRANCH

STAFF SIGNATURE:



AUTHORISATION:

[Empty box for authorisation]

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



EMPLOYMENT GUARANTORS FORM

According to Standard ISO 9001-2015

CODE: Q90-F14

ISSUE: 1

Date of

REVIS



Mr./Mrs./Miss. Osueke favour chiehiru 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. Osueke favour C Is the candidate well known to you?

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

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

4. Please state your occupation

Trading

Dr/Mr./Mrs./Miss. Osueke Lydia C

..... of

Home SPibat area address

..... and

Office address Ukaigwe stand as a

guarantor to Mr./Mrs./Miss Osueke favour C 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 osueke favour C action while in the company's employment

b) any action arising from Mr./Mrs./Miss osueke favour C 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: Osueke Lydia C

Signed:

Telephone numbers: 07034618784

Date: 9-5-2024

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.



FEDERAL REPUBLIC OF NIGERIA
INDEPENDENT NATIONAL ELECTORAL COMMISSION



VOTER'S CARD

CODE: 16-07-02-003

VIN: 90F5 AF7D F251 9643 382



DELIM: IMO | IHITTE/UBOMA (ISINWEKE)
AMAKOHIA

OSUEKE, CHETACHI LYDIA

DATE OF BIRTH
01-06-1984

GENDER
FEMALE

OCCUPATION
CIVIL SERVANT

ADDRESS
AMUZU AMAKOHIA

A
3
3
1
6
2
7
0
2





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 MR GABRIEL EGBUKONYE who has been in employment has given your name as his/ her guarantor. Please confirm your willingness to guarantee her against any loss by completing this form.

- OSUKE FAVOUR C. Is the candidate well known to
- What is your relationship with him/her? COUSIN
- How long have you known him/ her? (Not less than 3years) 5 YEARS
- Please state your occupation
IMO STATE REVENUE (CIVIL SERVANT)

Dr/Mr./Mrs./Miss GABRIEL EGBUKOTHE
..... of

Home OWALLA AVUVA IKEDURU address
..... and
Office address IMO STATE INTERNAL REVENUE IMSU JUNCTION stand as a
guarantor to Mr./Mrs./Miss IMO OSUKE FAVOUR C. 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 OSUKE FAVOUR C. action while in the company's employment
- any action arising from Mr./Mrs./Miss OSUKE FAVOUR C. 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: MR GABRIEL EGBUKONYE Signed: [Signature]

Telephone numbers: 08032862121 Date: 9-5-2024

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:

- 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 & int'l Id) is to be submitted along with this Form
- Guarantor's recent passport is to be affixed to this Form.

FEDERAL REPUBLIC OF NIGERIA
DIGITAL NIN SLIP



SURNAME/NOM
EGBUKONYE

GIVEN NAMES/PRENOMS
GABRIEL IKECHUKWU

DATE OF BIRTH
13 MAR 1995

SEX/SEXE
M



HGA
ISSUE DATE
05 FEB 2014

National Identification Number (NIN)
7580 698 3052

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 overleaf

IMO STATE OF NIGERIA

ORIGINAL



No 19198

Ihitte-Uboma Local Government

Birth Certificate

I, EMEKAROKHA DORANTIN Registrar of Births
at ISINWEKE in Ihitte-Uboma Local Government,
Imo State of Nigeria

Do hereby certify that I have this day registered the Birth of:

OSUEKE FAVOUR CHIEHURA

Born on 5TH - MAY - 1998 the child of

(a) Father OSUEKE THEOPHILOUS

(b) Mother OSUEKE NGOZI

Witness my hand this 15TH day of FEBRUARY 1999



Births, Deaths and Burials Ordinance R.L.N. 1948.

IMO STATE OF NIGERIA
IHITTE-UBOMA LOCAL GOVERNMENT



000240

Office of the Secretary
Ihitte-Uboma L.G.
Isinweke

Our Ref: IULG/COIS.8/WL II/185

Certificate of Identification
Local Government/State of Origin

This is to Certify that

The bearer OSUEKE FAVOUR CHIEHIURA

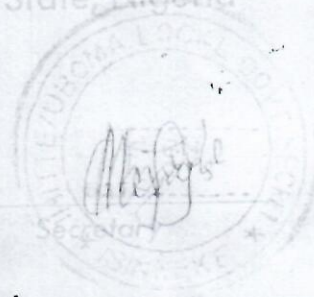
is an Indigene of UMUNOCHI

in AMALCOHIA Autonomous Community

Ihitte-Uboma Local Government Area, Imo State, Nigeria

14-09-2017

Date



The West African Examinations Council

West African Senior School Certificate For School Candidates

2016

This is to Certify that:

OSUEKE FAVOUR CHIEHIURA

born on: **MAY 05, 1998**

sex: **FEMALE**

whose photograph is embossed, having been in attendance at:

FIRST DIVINE VICTORY COLLEGE, ADIYAN, AGBADO

sat the West African Senior School Certificate Examination
and obtained the results shown below:



SUBJECT

GRADE

BOOK KEEPING	A1
CHRISTIAN RELIGIOUS STUDIES	A1
ECONOMICS	B3
GOVERNMENT	C4
LITERATURE IN ENGLISH	C6
CIVIC EDUCATION	B3
ENGLISH LANGUAGE	C4
YORUBA	C6
MATHEMATICS	B2
SUBJECT RECORDED	NINE

CD 02

Candidate No.

4282711044



Detundelai
Chairman of Council

Certificate No.

**NGWASSCS
23888505**



Adedunwa
Registrar to Council

STATE UNIVERSAL BASIC EDUCATION BOARD
IMO STATE, NIGERIA



Primary School Leaving Testimonial

To whom it may concern

This is to certify that the bearer... OSUEKE FAVOUR C.

Attended & completed his/her Primary Six Education at Community
School Mmunohe Anakohio

in... Shite/Uboma LGA of Imo State

from... September 2002 to August 2008

Class position 1st year..... 2nd year..... 3rd Year.....

4th year..... 5th year..... 6th year.....

General Ability..... Above Average

Common Entrance Result..... Pass

Conduct..... Satisfactory

Games..... She takes part in field events

Further Remarks, (if any)..... She is a hardworking

an intelligent pupil

Name of Headmaster..... OKEKE C.O

Pupil's Signature.....

Date..... 15-08-2008

Affix
Passport

Headmaster's
Signature