

GUIDELINE



THE FOLLOWING WOULD ALSO BE REQUIRED FROM YOU

- Academic certificate (**ALL CREDENTIALS** – FSCL, WAEC, OND, HND, B.SC etc.)
- Birth certificate / Age declaration.
- Marriage certificate/ Affidavit
- Curriculum vitae/ resume.
- Local government identification certificate.
- Driver's license.
- Previous employment letter.
- Six (6) personal passport photos with your names written at the back of each.
- **Guarantors (2 x):** they should provide one **COLOUR** passport each and **photocopies of the front and back of their company (staff) I.D card.**

Please read through the documents.



IDENTITY CARD FORM

According to Standard ISO 9001-2015

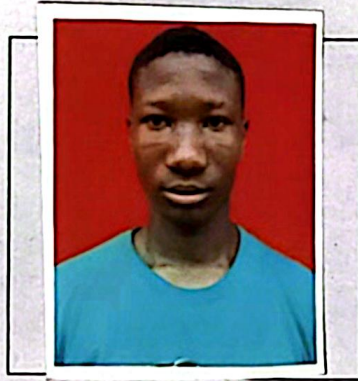
CODE: Q90-F15

ISSUE: 1

Date of ISSUE:

01/09/19

REVISION DATE:



Staff ID Card Number: **S**

NAME:

CHITUA

SULLIVAN

CHIDUBEM

Surname

First Name

Others

POSITION:

PUMP ATTENDANT

UNIT/BRANCH:

ODENIGBO NSUKKA

STAFF SIGNATURE:

AUTHORISATION:

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

STAFF EMPLOYMENT DATA FORM

- 1. STAFF SURNAME - CHITUA
- 2. STAFF FIRST NAME - SULLIVAN
- 3. STAFF MIDDLE NAME - CHIDUBEM
- 4. DATE OF BIRTH - Calendar grid OCTOBER 19th 2008
- 5. GENDER - MALE
- 6. MARITAL STATUS - SINGLE
- 7. STATE OF ORIGIN - ABIA STATE
- 8. LOCAL GOVERNMENT AREA - Umuahia Local Govt
- 9. PLACE OF BIRTH - ENUGU STATE
- 10. PHONE NUMBER 1 - 08125076723
- 11. PHONE NUMBER 2 - 08038946433
- 12. E-MAIL - Chitua.nanna@gmail.com
- 13. RESIDENTIAL ADDRESS - NO 6 UFUMA STREET ALENUGU
- 14. LOCAL GOVT AREA - ENUGU NORTH
- 15. NEXT OF KIN'S NAME - CHITUA NNENNA
- 16. RELATIONSHIP WITH NEXT OF KIN - MOTHER
- 17. NEXT OF KIN'S DATE OF BIRTH - 6th JUNE 1982
- 18. NEXT OF KIN'S ADDRESS - NO 6 UFUMA STREET ALENUGU
- 19. NEXT OF KIN'S PHONE NUMBER - 08038946433
- 20. NEXT OF KIN'S EMAIL - Chitua.nanna@gmail.com
- 21. NAME OF CLOSEST RELATIVE - CHITUA CHISIMDI
- 22. CONTACT ADDRESS OF CLOSEST RELATIVE - NO 6 ufuma Street
- 23. HIGHER INSTITUTION ATTENDED - =
- 24. QUALIFICATION - WAEC
- 25. COURSE OF STUDY - =
- 26. GRADE - =
- 27. MONTH & YEAR OF ADMISSION - =
- 28. MONTH & YEAR OF GRADUATION - =
- 29. BANK & ACCOUNT NUMBER - FIDELTY BANK 6151793728 Chitua Sullivan
- 30. PENSION FUND ADMINISTRATOR -
- 31. PENSION NUMBER -
- 32. BANK VERIFICATION NUMBER - 22438581443

ACCESS ARM PENSION FORM

KINDLY FILL WITH BLACK PEN AND CAPITAL LETTERS

STAFF ID _____ STATION _____



- 1) FIRST NAME: CHIDUBEM
2) MIDDLE NAME: SULLIVAN
3) SURNAME: CHITUA
4) NIN NUMBER: 2271 232 3058
5) BVN NUMBER: 22438581443
6) RESIDENTIAL ADDRESS: NO 6 UJAMA STR.
ALL
7) PHONE NUMBER: 08125076723
8) EMAIL ADDRESS: Chituanne@jmail.com
9) STATE: ABIA
10) LOCAL GOVT: LEMUAHIA
11) DATE OF BIRTH: 19-10-2008

NEXT OF KINS DETAILS

- (1) NEXT OF KIN'S NAME: CHITUA NNEOMA
(2) NEXT OF KIN'S PHONE: 08038946433
(3) NEXT OF KIN'S SEX: FEMALE

ATTACH THESE DOCUMENTS

- 1) NIN SLIP
- 2) PASSPORT PHOTOGRAPH ON WHITE BACKGROUND

SIGNATURE

Chidubem



RC: 1111424

FOUNTAIN HEALTHCARE LIMITED

HEALTH MAINTENANCE ORGANIZATION (HMO)

ENROLMENT FORM

(To be completed by every employee/member)

1. Personal Data:

Surname: CHITUA Other Names: SULLIVAN CHIDUBEM
 Occupation: PUMP ATTENDANT Marital Status: SINGLE
 Sex: MALE Date of Birth: 19/10/2008 Genotype: AA
 Tel. No. 08125076723 E-mail: chitua.mema@gmail.com
 Residential Address: No 6 ufuma str A/L Enugu
 Plan Type: Essential Classic Gold Diamond Platinum

2. Employer's Data:

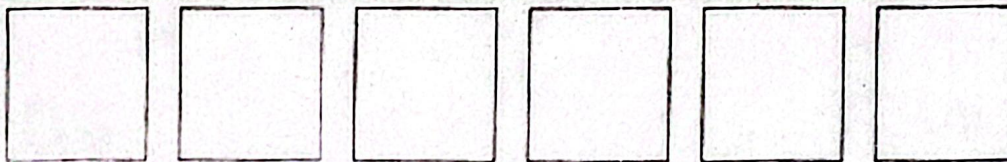
Name of Company: Rain Oil Company

3. Choice of Hospital:

Name of Hospital: BISHOP SHANAHAN HOSPITAL NSUKKA
 Address: ENUGU ROAD NSUKKA

****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: _____

Website: www.fountainhealthcareng.com
 Email: info@fountainhealthcareng.com; fountainhealthcareng@gmail.com
 Tel. +234 -08077705100, 08077705200.



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. CHITUA SULLIVAN CHIDUBEM 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 Is the candidate well known to you?
2. What is your relationship with him/her? PARISH PRIEST
3. How long have you known him/ her? (Not less than 3years) 3 year
4. Please state your occupation
CLERGY

Dr/Mr./Mrs./Miss. REV. CANON HENSON IKECHUKWU NGWUABUCHI

..... of
Home address
CHRIST ANG. CHURCH UMUAKA, NSUKA UDI L.G.A. and
Office address ANGELICAN CHURCH OF ASCENSION, ACHARA LAYOUT stand as a
guarantor to Mr./Mrs./Miss. CHITUA SULLIVAN CHIDUBEM 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. CHITUA SULLIVAN C. action while in the company's employment
- b) any action arising from Mr./Mrs./Miss. CHITUA SULLIVAN 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: REV. CANON H. I. NGWUABUCHI /

Signed: [Signature]

Telephone numbers: 08030506367

Date: 09-08-2025

Email Address: hensonngwuabuchi@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.



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... CHITUA SULLIVAN CHIDUBEM 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 Is the candidate well known to you?

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

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

4. Please state your occupation

Lecturing

Dr/Mr./Mrs./Miss... Blessing Nkechinyere Obi-Agumwa
of Federal College of Education, Eha-Amufu

Home address 19 Ameh st, Achara Layout, Enugu and
Office address F.C.E. Eha-Amufu stand as a

guarantor to Mr./Mrs./Miss Sullivan C. Chitua 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 Sullivan C. Chitua action while in the company's employment
- b) any action arising from Mr./Mrs./Miss Sullivan C. Chitua 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: Blessing N. Obi-Agumwa

Signed: NBA

Telephone numbers: 08134445269

Date: 9-8-2025

Email Address: lguaiblessing11@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.



FEDERAL REPUBLIC OF NIGERIA
INDEPENDENT NATIONAL ELECTORAL COMMISSION
VOTER'S CARD

1454-0000



ALBERT
BANKI
MIL

GENP
MAY

INDEPENDENT NATIONAL ELECTORAL COMMISSION



National Identity Management System

Federal Republic of Nigeria
National Identification Number Slip (NINSlip)



STREET ADDRESS	Surname: OBIAGUNWA	Address: 34 JONG STREET ACHARA-LAYOUT EN	
IDENTIFICATION	First Name: BLESSING		
NAME	Middle Name: NKECHINYERE		
	Gender: F		

National Identification Number (NIN) is your identity. It is confidential and may only be released for legitimate reasons.

When your National Identity Card is ready (for any enquiries please contact)

gov.ng	www.nimc.gov.ng	1701-CALL-NIMC	National Identity Management Commission

Results

Candidate's Information

Examination Number	5150101005
Candidate's Name	CHITUA SULLIVAN CHIDUBEM
Examination	WASSCE FOR PRIVATE CAND
Centre	ENUGU-NORTH

Subject/Grade

CHRISTIAN RELIGIOUS STUDIES	B3
ECONOMICS	E8
GOVERNMENT	B3
LITERATURE IN ENGLISH	C6
CIVIC EDUCATION	B3
ENGLISH LANGUAGE	C5
GENERAL MATHEMATICS	F9
BIOLOGY	C4

Card Information

Card Use	1 of 5
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