



IDENTITY CARD FORM



5023227

Staff ID Card Number: **S**

NAME:

MOHAMMED

ALHADI

ABDULLAH

Surname

First Name

Others

POSITION:

[Empty box for Position]

UNIT/BRANCH:

KUSHISHI NIGER STATE

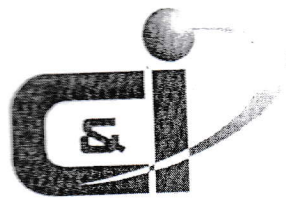
STAFF SIGNATURE:

Mohammed Alhadi Abdullah

AUTHORISATION:

[Empty box for Authorisation]

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



LEASING PLC

STAFF PERSONAL DATA FORM

STAFF ID CARD NO S

MUHAMMAD AL HAJI ABDULLAH
NAME (Surname) First Name Other Names

04 / 04 / 1982 MUSHTISH NIGER
Date of Birth (DD/MM/YYYY) Local Government Area Of Origin Nationality

GIDAN ALHAJI UMAR BABAN GULI GWI MUSHTISH NIGER STATE
Contact Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

GIDAN ALHAJI UMAR BABAN GULI GWI MUSHTISH NIGER STATE
Permanent Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

..... Drivers License No. National I.D No./Security No. International Passport No.*

abdullahialhaji.mehammed@gmail.com 07037766700 07031911110
Email Address Staff Mobile Telephone No. Other No.

NIGER STATE MUSHTISH
State of Origin /Place of birth Home Town Address

BANK ACCOUNT/PENSION DETAILS

ABDULLAH ALHAJI MUHAMMAD 2025954694 22184212170
BANK NAME (Current & Savings Acct) ACCOUNT NUMBER BANK VERIFICATION NO.

Designated Banks:
FBN, FCMB, DIAMOND BANK PLC, STANBIC IBTC, GTB, STANDARD CHARTERED, UBA, ZENITH BANK

PEN

PFA.....

PENSION FUND ADMINISTRATOR

PENSION NUMBER

FAMILY INFORMATION

SINGLE
Marital Status

..... / / / /
Spouse's Name Spouse's Date Birth Wedding Date Tel. Number of Spouse

MOHAMMED ALHAJ
Name of Father

AMINA MOHAMMED
Name of Mother

GIDAN ALHAJI UMAR BABAN Gwagun Kustishi NIGER STATE
Contact Address of Parents

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

GIDAN ALHAJI UMAR BABAN Gwagun Kustishi
Contact Address of Next of Kin

MOTHER
Relationship with Next of Kin

07037609999
Tel. Number of Next of Kin

Email Address of Next Of Kin:

CHILDREN & DATE OF BIRTH*

#	Name	Date of Birth	School
1.	<u>NIL</u>	/ /
2.	<u>NIL</u>	/ /
3.	<u>NIL</u>	/ /
4.	<u>NIL</u>	/ /