



IDENTITY CARD FORM



Staff ID Card Number: S

NAME:

SHUA	PATIENCE	
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Surname

First Name

Others

POSITION:

FRONT TELLER

UNIT/BRANCH:

ANKPA

STAFF SIGNATURE:

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AUTHORISATION:

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



LEASING PLC

STAFF PERSONAL DATA FORM

STAFF ID CARD NO -----

SHUA PATIENCE
NAME (Surname) First Name Other Names

14 / 02 / 1993 Okene NIGERIA
Date of Birth (DD/MM/YYYY) Local Government Area Of Origin Nationality

196 Ozuwaya street Okene Kogi state
Contact Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

196 Ozuwaya street Okene Kogi state
Permanent Address (No. of House/Compound, Street Name, Nearest B/Stop, Name of Area, & State.)

Behind Oando filling station felele Lokoja Kogi state

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

Shua20177@gmail.com 08102167431
Email Address Staff Mobile Telephone No. Other No.

Kogi state Okene
State of Origin /Place of birth Home Town Address

BANK ACCOUNT/PENSION DETAILS

UBA 2117506000 22234297168
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

FAMILY INFORMATION

Single

Marital Status

Spouse's Name

Spouse's Date Birth

Wedding Date

Tel. Number of Spouse

Elder Shus Samuel

Name of Father

Mrs Janet Shus

Name of Mother

196 Ozuwaya Street Okene Kogi State

Contact Address of Parents

Shus Joy

Name of Next of Kin

(Person to be contacted regarding payment of terminal benefits in case of death of staff)

196 Ozuwaya Street Okene Kogi State

Contact Address of Next of Kin

Sister

Relationship with Next of Kin

08160688861

Tel. Number of Next of Kin

Email Address of Next Of Kin:

CHILDREN & DATE OF BIRTH*

#	Name	Date of Birth	School
1.		/ /	
2.		/ /	
3.		/ /	
4.		/ /	