

36 CAL. Amuru way simeta yola

40



*[Handwritten scribbles]*

# IDENTITY CARD FORM



5027785  
KCA abe 2019

Staff ID Card Number: S

NAME:

PWANAGMBA	LATIIFA	ETWARD
Surname	First Name	Others

POSITION:

TELLERY

UNIT/BRANCH:

YOLA

STAFF SIGNATURE:

*[Handwritten signature]*

AUTHORISATION:

*[Blank box for authorisation]*

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

# STAFF EMPLOYMENT DATA FORM

1. STAFF SURNAME - PHAAGMBA
2. STAFF FIRST NAME - LATIFA
3. STAFF MIDDLE NAME - EDWARD
4. DATE OF BIRTH - Calendar grid - 15th/01/1996
5. GENDER - FEMALE
6. MARITAL STATUS - SINGLE
7. STATE OF ORIGIN - ADAMAWA
8. LOCAL GOVERNMENT AREA - LAMURDE
9. PLACE OF BIRTH - RIGADGE
10. PHONE NUMBER 1 - 08151755688
11. PHONE NUMBER 2 - 08137735815
12. E-MAIL - latifedwardphaagmba@gmail.com
13. RESIDENTIAL ADDRESS - CLERK QUARTERS 2010 JIMETA
14. LOCAL GOVT AREA - YOLA
15. NEXT OF KIN'S NAME - AWAKA ARTHUR
16. RELATIONSHIP WITH NEXT OF KIN - SISTER
17. NEXT OF KIN'S DATE OF BIRTH - 10/09/1991
18. NEXT OF KIN'S ADDRESS - CLERK QUARTERS 2010 JIMETA
19. NEXT OF KIN'S PHONE NUMBER - 08062115201
20. NEXT OF KIN'S EMAIL -
21. NAME OF CLOSEST RELATIVE - MOVIAH ARTHUR
22. CONTACT ADDRESS OF CLOSEST RELATIVE - CLERK QUARTERS 2010 JIMETA
23. HIGHER INSTITUTION ATTENDED - FEDERAL POLYTECHNIC MUST
24. QUALIFICATION - NATIONAL DIPLOMA
25. COURSE OF STUDY - ACCOUNTANCY
26. GRADE - 3.17
27. MONTH & YEAR OF ADMISSION - AUGUST 2014
28. MONTH & YEAR OF GRADUATION - SEPTEMBER 2016
29. BANK & ACCOUNT NUMBER - GIBANK 0157752613
30. PENSION FUND ADMINISTRATOR -
31. PENSION NUMBER -
32. BANK VERIFICATION NUMBER - 22249496279