

Rhomicom Systems Technologies Ltd P.O.Box CT3650 Cantonments-Accra +233544709501,+233266245395 rhomicomgh@gmail.com

PICTURE:



BASIC DATA:

ID No.: RH10005685

Title: Mr. First Name: Atta1

Surname: Afari-Mark

Other Names: Gyan Gender: Male

OTHER BASIC DATA:

Married Married Date of Birth: 21-Mar-1979

Place of Birth:

Hometown: Tefle/Volta Region/Ghana

Nationality: Ghanaian

Religion:

Residential Address:Accra, GhanaPostal Address:Box 2457 AccraEmail:uijk@info.comTel:0203568765Mobile:030287645435

Fax:

PERSON TYPE:

Person Type	Reason for this Person Type	Further Details	Start Date	End Date
Shareholder	New Shareholder	Permanent-Full Time	06-Dec-2012	31-Dec-4000

NATIONAL IDS:

Country	ID Type	ID Number	Date Issued	Expiry Date	Other Information
Ghana	NHIS ID	GH8765434567	27-Oct-13	4-Jan-4001	Requires Renewal inbetween

RELATIVES:

Relative's ID No. Relative's Full Name Relation Type

RH10006 Mrs. Chiluba, Amanda Amankwa Father

GROUPS/ASSOCIATIONS:

Group Name	Start Date	End Date	Group Type
402.Research & Development Department	06-Dec-2012	31-Dec-4000	Department
403. Training Department	06-Dec-2012	31-Dec-4000	Department
405.Internet Cafe Department	06-Dec-2012	31-Dec-4000	Department

9000.Rhomicom 22-Sep-2012 31-Dec-4000 Basic Worker Grade.P1

BAPTISM	AND	ABILITIES

Date Converted: 23-Apr-2012 **Place Converted:** Tamale

Former Church:

Date of Baptism:

Baptismal

Is Baptized?:

Place of Baptism:

Communicant?:

Officiating Minister:

Reason(s) for not Date Joined the being a Church:

communicant:

DETAILS OF SPOUSE

Name of Spouse: Spouse Home

Town:

Date Married: Marriage Type:
Is Spouse a Assembly or
Member of KCA?: Church

Denomination of

Spouse:

NUCLEAR FAMILY

Number of Spouse Phone No.:

Children:

PARTICULARS OF CHILDREN

Particulars of Children:

FATHER'S DETAILS

Father's Name: Is Father Alive/Dead?:

Father's Home

MOTHER'S DETAILS

Mother's Name: Mother's Home

Is Mother Alive/Dead?:

NEXT OF KIN

Next of Kin: Address of Next of

Kin:

Next of Kin's Tel: Next of Kin's

E-mail:

JOBS/SKILLS

Educational Level: Profession:

Occupation:	Occupation Details:
Name of	
SPOKEN LANGUAGES	
Spoken Languages:	
WRITTEN LANGUAGES	
Written Languages:	
CELL MEETINGS	
Place of Cell Meeting:	Cell Leader's Name:
Cell Leader's Zone No.:	
ZONE	
Zone Number:	Zonal Leader's

Remarks: