

29	Email Address	enchykr@yahoo.com
30	State of Origin	ANAMBRA
31	Company Name	NIGERIAN EXCHANGE LIMITED
32	Company Branch	
33	Company Address	2-4 CUSTOMS STREET MARINA
34	Web Address	WWW.NGXGROUP.COM
35	Official Position	TEAM LEAD
36	International passport No	
37	Alien Registration No	
38	Names and addresses of previous Employers	<p>From..... To.....</p> <p>INDUSTRIAL AND GENERAL INSURANCE PLC</p> <p>From..... To.....</p> <p>CAPITAL TRUST INVESTMENT AND ASSET MGT LTD.</p>
39	If Married State Spouse's Name	HENRY CHIMEZI EMOJEKWY
40	Spouse's Occupation	OPERATIONAL AND ADMIN
41	Spouse's Business or Employment Address	

Form No.

LAGOS STATE GOVERNMENT
BOARD OF INTERNAL REVENUE
THE GOOD SHEPHERD BUILDING
BLOCK H, PLOT 11, CENTRAL BUSINESS DISTRICT
IMPOSITE LAGOS STATE SECRETARIAT MAIN GATE, ALAJA
LAGOS, LAGOS STATE
www.lagos.gov.ng

Individual Data Input e-TCC Form
Supply All Information in Ink and in Block Letters

INDIVIDUAL INFORMATION (To be supplied by the Taxpayer)

1	Surname	M O J E K W U
2	First Name	C H I K O S O L U
3	Middle Name	C H I D I N M A
4	Date of Birth	02 - 07 - 1983 DD/MM/YYYY
5	Title	MRS (Mr, Mrs, Miss, Chief, Dr, Alhaji etc)
6	Sex	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
7	Marital Status	Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/>
8	Taxpayer ID	N 4 6 2 8 8 7 Bank Verification No. (BVN)
9	House/Flat No.	
10	Street Name	6 - 8 B A D O R E R O A D A J A H
11	Town/Area	A J A H LGA/LCDA E T I O S A
12	State	L A G O S
13	National ID NO	7 2 4 4 2 4 4 2 6 2 4
14	Mobile Phone No	0 8 1 8 2 1 8 5 4 0 8
15	Nationality	N I G E R I A
16	Tax Station Name	
17	Employment Type	Employee <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Political Appointee <input type="checkbox"/> Self Employed <input type="checkbox"/> Tick as Appropriate
18	Occupation	C U S T O M E R S U P P O R T
19	Profession	C U S T O M E R S U P P O R T M A N A G E R
20	Maiden Name	E R I K E

Income And Tax Paid for the Last Three Years.....

	Year 1	Year 2	Year 3
21	Income Year		
22	Income		
23	Tax Paid		

24 Signature and Date Chikosi 6/7/2022

I certify that the Taxpayer referred above has met all requirements necessary for the processing of his/her Electronic Tax Clearance Certificate (e-TCC)

25 Authorised Coy Rep. (e.g. Accountant)

26 Signature and Date

27 Authorised by (e.g. Head Tax Station)

28 Signature and Date

Affix your passport
photograph here
with gum only
Please do not staple