

EXISTING CONTRIBUTOR RECAPTURING FORM

(PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS)

Corporate office: Plot 171A Moshood Olugbani Street, Victoria Extension V/Island, Lagos
Tel: 234-1-2799299, 2710547 fax: 234-12799299
Head Office: No 22, Otukpo street, off Gimbiya Street
Area 11, Garki Abuja
Tel: 09-7831665, 09-7831666

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*Middle Name																Bank	Verification	n Number	(BVN)				
*Mother's Maiden Name										<u> </u>						Inter	national Pa	ssport (N	on Nigeri	an only)			
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*3d Employer Name(i	in full pl	ease)																					
EMPLOYER CODE									$\frac{\square}{\square}$														
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)esia	nation	n/Rank						Only)
3g Date of First Appointme	ent with P	ublic S	ector 3	3h Date	of E	mploy	men	t (Priv	ate S	Secto	or)			_	Date	e of C	urrent A f Transfe						

*FGN Treasury Funded MDAs only Consolidated Salary Structure *Consolidated Salary Structure *
Harmonised Salary Structure as at 2004 Consolidated Salary Structure *Consolidated Salary Structure as t 2010
(eg HAPSS, HATISS) (e.g CONPSS, CONTISS)
GL as at June 2004 Step as at June 2004 GL as at Jan 2007 GL as at 2010 Step as at 2010
Current Salary Structure Current GL
(Eg.CONTISS)
SECTION 5 NEXT OF KIN DATA
*Title
*Surname
*First Name
*Middle Name
*Relationship Gender Gender
Correspondence ADDRESS NIGERIA, ABROAD Nigeria Abroad Abroad
*House No/Name
*Street Name Village/Town/City
*Local Govt Area Code *Country (If based abroad)
*State of Residence
*Email address P.O. Box or PMB (If any) *Zip Code/Postal (If living abroad)
*Phone no Country code (Tel) Mobile Number
Mobile Number
SECTION 6 EMPLOYER'S CONFIRMATION
I confirm that the within-named person is/was an/a employee/retiree of
*Name:
*Designation *Desi
*Signature *Date
SECTION 7 APPLICANT BIOMETRIC/CERTIFICATION
10 Fingerprints, Photograph and Signature to be captured ELECTRONICALLY only!)
Certification by employee
Hereby certify that the information provided by me in this form is true and correct Signature
Date
SECTION 7 FOR OFFICIAL USE ONLY Form Reference Number
Does the contributor have any fingerprint challenge?
Yes No Partial Others Yes No
Please tick Complete Partial Others Yes No Are supporting documents attached?
*I hereby certify that the information given above is correct to the best of my knowledge
*Name:
*Designation
*Signature *Date* *Indicates Mandatory fields *Indicates Conditional Mandatory fields