

UNITED BANK FOR AFRICA PLC

DECLARATION OF SECRECY

TO: UNITED BANK FOR AFRICA PLC.

I, the undersigned, hereby undertake that, in respect of information coming into my possession In the course of my employment with United Bank for Africa Plc. I will at all times, both during and after such employment, maintain the strictest Secrecy with regards to the affairs and business of the Bank and its customers and that I will not disclose any such information relating to such affairs or business except to the extent that I may be authorised to do so by my officer, the Board of Directors of the Bank or its authorised representative or by a Court of Law.

I understand clearly that any breach of this undertaking is a misconduct rendering me liable to disciplinary penalty.

Dated this _____ day of _____ year _____

NAME IN FULL _____

EMP. NO _____ *MALE/FEMALE _____

DESIGNATION _____ STATE OF ORIGIN _____

LOCAL GOVT. AREA _____

SIGNATURE _____

WITNESS TO SIGNATURE _____ DATE: _____

NAME _____



Date_____

To: Head (HUMAN CAPITAL MANAGEMENT)
United Bank For Africa Plc.

Letter of Authority

I _____

Of _____

(Permanent home address)

Hereby authorise the United Bank for Africa Plc to pay all my entitlements due and accruing to me on leaving the services of the Bank and to deduct therefrom all sums owing by me to the Bank.

Signature of Staff.

Witness to the Signature.

Name: _____

Address: _____

Occupation_____

Signature of Witness _____ Date: _____



ASSUMPTION OF DUTY FORM

NAME _____

POSITION/GRADE _____

SALARY OFFERED _____

DATE ASSUMED DUTY _____

SIGNATURE _____ DATE _____

For: BUSINESS MANAGER OFFICE

To: HRBP

This is to confirm that the above mentioned new hire reported to work on

_____ in respect of our letter of appointment

Name of Business Manager/ New Hire's Supervisor

Signature _____ **Date** _____

For: (HUMAN CAPITAL MANAGEMENT)

This is to confirm that the above mentioned new hire resumed for duty with the bank on

the start date _____ in respect of our letter of

appointment and reported to the designated work location listed on the posting letter.

HRBP's NAME _____

SIGNATURE _____ **DATE** _____

PASSWORD SECRECY UNDERTAKING

I hereby undertake that being an employee of United Bank for Africa Plc ("The Bank"), and having been authorised by The Bank to become a user of the The Bank's Systems Application & Product in Data Processing (SAP) and having chosen a password further thereto.

I shall keep the password so chosen strictly within my knowledge and shall not divulge nor reveal nor make same known in any manner to any other employee or a third party either within or outside the Bank.

In the event that I come in possession of another person's password, I shall not use same in any manner nor under any circumstances. Further I shall, immediately upon coming into possession of same, advise the employee concerned to change the said password to ensure secrecy.

In the event that I am assigned more than one password, I shall not use this privilege to access information to which I should not normally be privy to nor check and /or approve my own work on the understanding that this would constitute a violation of The Bank's policy that **"No one individual, irrespective of rank, title or function shall process a specific transaction from initiation to final authorisation."**

I fully understand that in the event of a failure on my part to abide by the foregoing, The Bank may take disciplinary action in any form against me including the termination of my employment or my dismissal from the services of The Bank,

Dated this _____ day of _____ 200 _____

Employee Name & Number:

Signature:

Department:

Witness:

Designation:

Signature:

Department:



**UNITED BANK FOR AFRICA PLC
CERTIFICATE OF COMPLIANCE**

**PERSONAL COMMITMENT TO UBA'S CORPORATE
POLICIES, CODE OF PROFESSIONAL CONDUCT AND ETHICS**

I acknowledge that I have received and read UBA's Code of Professional Conduct and Ethics. I understand that every Officer and Director of UBA or any of its subsidiaries and Affiliates, is required to comply with the Code of Professional Conduct and Ethics.

I understand that these policies do not constitute a contract of employment, but that I am bound to observe them during the period of my service with the Bank. I also understand that non-compliance with the said policies may result in disciplinary action.

I am familiar with all provisions, policies and standards outlined in the Code of Professional Conduct and Ethics, both expressed and implied. I am not and have not been aware of any personal circumstances which prevent or are likely to prevent compliance with the said policies. I will promptly report any actual or potential situations / circumstances of which I may become aware to the appropriate authority.

When I have a concern about a potential violation of any UBA policy, or a law or regulation, I will report the concern to a Supervisor, the Inspection Division or the Chief Compliance Officer or the Ethics and Corporate Governance Committee through the Company Secretary.

Name: _____

Signature: _____

Date: _____

Dept / Branch: _____

Employment Number: _____

RETURN TO: Human Capital Management
 UBA HOUSE

INDIVIDUAL REGISTRATION FORM

- A. Please read the form carefully before completing it.
B. The completed form should be returned with two passport photographs with your name boldly written on the reverse side.
C. Return the completed form to:

The Managing Director/Chief Executive,
Federal Mortgage Bank of Nigeria,
(NHF Registration)
Plot 124, Moshood Abiola Road,
Area 2, Garki,
P.M.B. 2273 Garki,
ABUJA. (OR to

(OR to the FMBN office in your State.)

EMPLOYMENT STATUS

EMPLOYMENT STATUS
(As at date of completing this form)

Employed full-time

09

Employed part-time

02

Self-employed

03

EMPLOYER'S NUMBER

EMPLOYER'S NUMBER
(If not self-employed)

PERSONAL DETAILS

Title (Specify)

Surname

First Name(s)

Date of Birth:

Address

State

57 Marina, Lagos.

Basic Salary/Income P.A. : N

NEXT OF KIN DETAILS: Next of Kin Name

Address

**NEW EMPLOYMENT
DETAILS:**

Contributor's Number

New Employer's Number

Employer's Name

Applicant's Signature and
Thumb Print

Employer's Signature, Date &
Official Stamp

FOR FMBN USE ONLY

i) Date Received _____ Ref. No. _____ Initial & Date _____

ii) Participation No. issued/verified _____ Initial & Date _____

iii) Date File Created _____ Initial & Date _____

iv) Acknowledgement Sent _____ Initial & Date _____

v) Checked By _____ Initial & Date _____

Name _____

I.D. CARD HOLDER'S INFORMATION		
PASSPORT PHOTO:	SURNAME:	EMP. No:
	FIRST NAME:	SIGNATURE:

.....

Employee's Name: _____

Employee's Work location Address _____

Employee's Telephone Number- _____

Employee's HRBPs Name- _____

Are you a new hire ? Yes ☐ No ☐

Is this a replacement I.D. card for a
lost or stolen cards? Yes ☐ No ☐

RETURN COMPLETED FORM TO:

Augustine Chiejina (Chief Security Officer)
c/o Ebele Ochu
 Control Room, Electronic Security Unit
 Corporate Services Division
 United Bank For Africa Plc | UBA House (6th Floor)
 57 Marina, Lagos Nigeria

From : HUMAN CAPITAL MANAGEMENT

**To : HEAD OF BUSINESS AREA WHERE THE NEW HIRE
WOULD RERORT**

Subject : LETTER OF POSTING- NAME OF NEW HIRE

Date : New hire's Resumption date

The above refers:

This memo serves to introduce the above named newly recruited **Grade of new staff**, who is to work in your Directorate as a **JOB TITLE**.

New staff is expected to report to
**First Name, Last Name of Head of Area-
Delegate's name (in the absence of Head of Area at work
location
Work Location Address of Location new hire should report to:
Phone Number:**

During the period of his employment, he will be subjected to the Bank's internal rules and regulations.

Please ensure that other members of staff in your division extend their usual co-operation to him.

Kindly provide necessary facilities and tools for him to work with.

Thank you.

**Name of Hiring HRBP
Division/ Directorate**

STATUS CAR REQUEST FORM – Managers & above

STAFF NAME	
STAFF NO	
GRADE	
DEPT/BUSINESS OFFICE	
CAR COLOUR	
STAFF SIGNATURE	

<ul style="list-style-type: none"> FULLY AMORTIZED CAR PROMOTED STAFF NEW STAFF 	<div style="margin-bottom: 10px;">→</div> <div style="margin-bottom: 10px;">→</div> <div>→</div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="margin-bottom: 10px;">(Evidence of payment of balance + salvage attached) **</div> <div style="margin-bottom: 10px;">(Proof of payment of outstanding bal attached <i>(if required***)</i>)</div> <div style="height: 40px;"></div>
APPROVING OFFICER'S NAME			
APPROVING OFFICER'S SIGNATURE			

** please attach CPC confirmation of debit to account of the requesting staff

*** proof is required where staff has an outstanding balance on vehicle cost or salvage value on an existing status car.

Please note that upon your resignation from the Bank, your cheque for full and final payment of the Net Book Value (NBV) of the car must be attached to your letter of resignation.

- A. If fully amortized, you shall pay 10% of purchase price to acquire the car

- B. If not fully amortized, you shall pay 10% of purchase price plus Net Book Value (NBV) to acquire the car.

Dated this day of 200

Name/Signature:



Dress Code

The approved dress code throughout UBA Group is as follows:

Men:

- Shirts*** - *White and Sky Blue (Plain or Striped)*
- Suits*** - *Navy Blue, Black and Dark Gray*
 - *Pin-strip Navy Blue, Black or Dark Gray*
- Shoes*** - *Black*
- Belts*** - *Black*

Ladies:

- Suits*** - *Black, Navy Blue, Dark Gray, and Dark Brown*
- Blouses*** - *All colours (not floral prints)*
- Shirts*** - *Plain colours or Stripes (not floral prints)*
- Shoes*** - *Black or Brown*

Note: A suit consists of the same colour of material for the trouser/skirt and jacket.

On Fridays, male staff may be attired in complete native (blue or white with caps) and women in formal native attire. Slippers or loose footwear that would pass for slippers should not be worn along with traditional attires on Fridays.

MARINA MEDICAL SERVICES LIMITED RC464447

Head office: No 218 Etim Inyang street, Victoria Island, Lagos Tel. 01-4771000, 8720209. Fax: 01-2714865

Branch office: 2nd floor, Wesley House, No 21/22 Marina street, Lagos Tel. 01-4771000, 4741339, 7250329

ENROLLE QUESTIONNAIRESTAFF NAMES _____
surname other names

DATE OF BIRTH

day

month

year

EMPLOYEE NOS

SEX

Male

Female

HOME ADDRESS _____

E-MAIL _____

TELEPHONE NUMBER: GSM _____ OFFICE _____ HOME _____

EXISTING CHRONIC ILLNESS/ ALLERGIES _____

CHOICE OF PRIMARY CARE HOSPITAL _____

DEPENDANT DATA

DEPENDANT	NAMES	DOB(dd/mm/year)	AGE	SEX (male/female)	CHRONIC ILLNESS/ALLERGIES
<i>SPOUSE</i>					
<i>CHILD 1</i>					
<i>CHILD 2</i>					
<i>CHILD 3</i>					
<i>CHILD 4</i>					

Staff

Spouse

Child 1

Child 2

Child 3

Child 4

SIGNATURE OF STAFF _____



GUARANTOR'S FORM

PLEASE, DO NOT GUARANTEE SOMEONE NOT WELL KNOWN TO YOU FOR A MINIMUM OF 5 YEARS

Guarantors are required to attach a copy of their official identity cards, complimentary cards and passport sized photographs to this form.

Guarantors are also required to certify three passport photographs of the applicant.

EMPLOYEE'S DATA

Surname _____ Other Names _____

GUARANTOR'S DATA

Name: _____

Residential Address: _____

Residential Tel. No.(s) _____ Office Tel. No.(s): _____

Occupation/Profession/Job Title: _____

Business Name/Address: _____

Email address: _____

DECLARATION

I _____ hereby confirm that Mr./Mrs./Miss _____

of _____ has been known to me for _____ years

as _____ (State Relationship).

I confirm that he/she is of good character, fit and proper to be considered for employment. I on the strength of this accept to be his guarantor; produce him/her or to indemnify UBA Plc and /or its subsidiaries or related companies for any loss or liability suffered or incurred as a result of the action, inaction, negligence or fraud by the Employee should the need arise.

Please Note:

"The Bank requires that you assume the responsibility of regularly counselling the candidate to ensure that he/she is of good conduct at all times."

I hereby declare and affirm that the statements are true and correct in accordance with the Oaths Law of Nigeria.

Guarantor's Signature/Date

Before me:

NOTARY PUBLIC/COMMISSIONER FOR OATHS

Confirmed by HCM