-Service search A

-Create slip B

-location search C

-profile login D

-Register E

-Refer F

-Guest G

-Help H

Service option

**WORKSLIP IS NAME AS…1)Prefix service and sub first letter**

**2) random numbes of 4. 3)clients last letter names**

**RECEIPT IS NAMED AS 1) prefix service and subservice, 2) years count ,3) suffix as according to succession**

**3)SERVICE NO is according to preceding successions**

**4)CLIENTS NO is according to 1)prefix of clients first letter names,2) prefix of clients first 4 letters of longest character name converted in based 8**

A)SERVICE SEARCH

SERVICE LIST

ADVANCE SEARCH HELP

SALES/HIRE SERVICE

HOUSEHOLD NAME

ENGINEERING LOCATION

ADVERT KEYPOINTS FINE ART/ GRAPHICS/DESIGN

SEARCH

PERSONAL ASSISITANTS

ACCOMODATION/ RENTAGE EVENTS AND PLANNING EATERIES

LOANS/DRAFT EXCURSIONS/GUIDES/TOURISM LESIURE

BUILDING OFFCE JOBS SECURITY/GUARD

BUSINESS CONSULTANCY CONSTRUCTIONS SPECIAL SERVICES

CONTRACT/SUPPLIES LUXURY

TEACHING HIRE AND TRANSPORTATION

HOUSEHOLD FIXATION CRAFTWORKS

ENTERTAINMENT SHOPPINGS

CREATE SLIP

BACK

PROFILE

A)SERVICE SEARCH CONTD.

PROFILE NAME

PROFILE

PHOTO

1.

N00.00

LOCATION

2.

N00.00

3.

N00.00

SELECT

NEGOTIATE

SELECT

NEGOTIATE

SELECT

NEGOTIATE

SERVICE TYPE SUBTYPE CHARGE

SCROLL

BAR

Service 1 no

Service 3 no

Service 2 no

PROFILE

PHOTO

PROFILE NAME

SELECT

NEGOTIATE

SELECT

NEGOTIATE

SELECT

NEGOTIATE

3.

N00.00

2.

N00.00

1.

N00.00

LOCATION

SERVICE TYPE SUBTYPE CHARGE

BACK

1 2 3 4 5 6 7………..20

Service 1 no

Service 3 no

Service 2 no

SERVICE SEARCH CONTD. NEGOTIATION

TERMS OF NEGOTIATON

1.

SELECT

copy

0/150 WORDS

2.

SELECT

copy

3.

copy

SELECT

REGISTER

HOME

HELP

BACK

SERVICE SEARCH CONTD. WORK DETAIL

CLIENT’S NAME

ADDRESS OF CLIENT

LOCATION OF CLIENT

WORKER’S PROFILE NAME

WORKER’S NAME

SERVICE NO AMOUNT

CHARGE WORKER’S LOCATION

I ACCEPT

I choose to abide by the terms and conditions

view terms and conditions

HOME

PASTE

SUBMIT

BACK

SERVICE SEARCH CONTD PAYMENT

**SLIP NO**

**CLIENT’S NAME …………………………………………………………………………………………………………**

**ADDRESS OF CLIENT …………………………………………………………………………………………………….**

**LOCATION OF CLIENT ……………………………………………………………………………………………………**

**WORKER’S PROFILE NAME ………………………………………………………………………………………….**

**WORKER’S NAME …………………………………………………………………………………………………………**

**WORKER’S LOCATION ………………………………………………………………………………………………….**

**WORKER’S ADDRESS …………………………………………………………………………………………………..**

**SERVICE TYPE ……………………………………………………………………………………………………………...**

**SERVICE SUBTYPE ………………………………………………………………………………………………………..**

**SERVICE NO……………………… AMOUNT………………………………… CHARGE ……………………….**

BACK

PASTE

PAY BY RRR

PAY WITH CARD

PROCESS

REMITTA……R………R…………………….

BARCODE

**SERVICE NO………………………**

**CLIENT’S NO.**

**CLIENT’S NAME ………………………………………………………………………………………………………………………………………………**

**WORKER’S PROFILE NAME …………………………………………………………………………………………………………………………………**

**WORKER’S NAME ………………………………………………………………………………………………………………………………………………**

**SERVICE ………………………………………………………….. SERVICE SUBTYPE …………………………………………… …………….**

**THE PAYMENT FOR SERVICE MENTIONED ABOVE IS ……………………………………………**

**SAVE/PRINT**

**LOGOUT**

**Please login as a Guest and Put in the details to connect to a worker After Payment. Keep**

**Your client’s no safe. It is yours for the transaction of payment and services .**

USE PAYMENT CARD

**ADVERTS TESTIMONIES**

**BACK**

**CARD TYPE**

**HOME**

INFO

**SERVICE NO ………………………………... CLIENT’S NO ……………………………**

**CARD NO. \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

**VALID THRU \_\_ \_\_/\_\_ \_\_ CVV \_\_ \_\_ \_\_ AMOUNT ……………………………….**

**PROCESS**

CARD TRANSACTION

**RECEIPT NO…CLIENT’S NO………….. DATE………………………………………**

**I, ……………………………….................................................................Made a payment of………………………………………………………To Profa Platform for the service:…………… ………………….........................................................……………………………of Mr/miss/mrs………………………………………………………………………………………on the date mentioned above.**

**RECEIPT NO…CLIENT’S NO…………..**

**e-SIGN**

**NAME OF CLIENT**

**STATUS: PENDING**

**You will be connected to a worker within the next .If worker is not available,**

TIMER \_ \_/\_ \_

**We will Connect you to another. If we don’t find a worker suitable for service you require, we**

**will refund you the payment for service only, as you log in with your client’s no. and client**

**name at the Quest icon. Thank you for trusting us and giving us a chance to prove our worth.**

CARD pop-ups

**PAYMENT NOT RECEIVED.PLEASE RETURN/CANCELLED SORRY, THE TRANSACTION COULD NOT OCCUR**

**TO PREVIOUS PAGE AND TRY AGAIN. CONTACT YOUR BANK FOR FURTHER INQUIRIES.**

**YOU CAN ALSO TRY AGAIN**

**RETURN**

**COMPLAIN**

**RETURN**

**HOMEW**

**RETURN**

**COMPLAIN**

**RETURN**

**HOMEW**

maybe network problem or something happened , or Maybe there was no money in clients account or client is

transaction was not received not allowed to do such transactions.

**WE COULD NOT FIND A WORKER SUITABLE FOR THE KIND OF SERVCIE**

**THAT YOU DESIRE, WE WILL NOW REFUND YOU WITHIN THE NEXT 48**

**HOURS STARTING FROM THE TIME YOULOG IN AS A GUEST USING YOUR**

**SERVICE NO, CLIENT NO , CLIENT NAME.KEEP THEM SAFE BECAUSE**

**ANYONE THAT LOGS IN WIT THESE DETALS WILL RECEIVE THE REFUND.**

**THANK YOU FOR TRUSTING US AND GIVING US A CHANCE TO PROVE**

**OURSELVES AND OUR WORTH.**

**SERVICE NO CLIENT NO**

**CLIENT NAME** CARD TRANSACTION

**QUEST**

**HOMEW**

**BACK**

**RECEIPT NO…CLIENT’S NO………….. DATE………………………………………**

**I, ……………………………….................................................................Made a payment of………………………………………………………To Profa Platform for the service:…………….. ………………….........................................................……………………………of Mr/miss/mrs………………………………………………………………………………………on the date mentioned above.**

**RECEIPT NO…CLIENT’S NO…………..**

**e-SIGN**

**NAME OF CLIENT**

**STATUS: CONNECTED**

**worker has been contacted. Worker has to come to you. Please wait patiently.**

TIMER \_ \_/\_ \_ HR

**If worker doesn’t come, he will be penalized and you will be redirected to another. If we don’t find**

**A suitable worker for the services you need, we will refund you the payment for service only, as you**

**log in with your client’s no. and client name at the Quest icon. Thank you for trusting us and giving**

**us a chance to prove our worth. PLEASE wait or log out as you log in later using THE icon “continue**

**with slip”.**

**HOME**

**BACK**

CARD TRANSACTION

**RECEIPT NO…CLIENT’S NO………….. DATE………………………………………**

**I, ……………………………….................................................................Made a payment of………………………………………………………To Profa Platform for the service:…………… ………………….........................................................……………………………of Mr/miss/mrs………………………………………………………………………………………on the date mentioned above.**

**RECEIPT NO…CLIENT’S NO…………..**

**e-SIGN**

**NAME OF CLIENT**

**STATUS: WORKER CHANGED**

**You will be connected to another worker within the next .If worker is not available**

TIMER \_ \_/\_ \_

**We will Connect you to another. If we don’t find a worker suitable for the service you require, we**

**will refund you the payment for service only, as you log in with your client’s no. and client**

**name at the Quest icon. Thank you for trusting us and giving us a chance to prove our worth.**

**BACK**

**HOME**

**CANCEL**

WORKER’S CONFIRMATION

**Please once a worker arrives or one claims to be the worker, fill in these data CORRECTLY saved and submit for us to take necessary action. If you Fill wrongly , we may not be held responsible for any misfortunes. We want you to be satisfied as much as we want to maintain integrity and honesty. Thank you**

**SERVICE NO………………………………….**

**WORKER’S NAME**

**RESPONSE TIME(indicate actual time and date)**

**IS IT THE ACTUAL WORKER THAT CAME YES NO**

**HIS REASON**

**EVIDENCE**

**CERTIFICATION**

**e-SIGN**

**HOME**

**CONFIRM**

**BACK**

**NAME OF CLIENT**

**please fill. But if you are sure you can neglect it and confirm. Be sure, you are responsible for your own social safety**

**PHOTO**

**VIDEO**

**VIDEO**

WORKER’S RECEIPTS

**CREATING THE LINK**

**RECEIPT NO…CLIENT’S NO………….. DATE………………………………………**

**I, ……………………………….................................................................Made a payment OF ……………………………………………. ………………………………………………………………………………………………………………………………………………………………………………..To Profa Platform for the service….….………………….........................................................…………………………… ,OF SERVICE NO………………………….. of Mr/miss/mrs……………………………………………………………………………………… WITH PROFILE NAME ………………………………… ………………………………………….As recognition on the date mentioned above.**

**e-SIGNATURE OF CLIENT**

**WILL YOU USE e-SIGN IN THE WORKSLIP. State the words you will use**

**AMOUNT IN FIGURES**

**SAVE RECEIPT**

**NAME OF CLIENT**

**Give worker Receipt and he will give you a workslip to sign. Worker will have to post both receipt and workslip , for eligibility to be paid. Feel Free to give the right information in workslip. Don’t worry, we will investigate within 48 hours before he can be paid.**

**SAVE PAGE**

**HOME**

**BACK**

Create slip

SLIP NO

Continue with in service search with workslip

**TOTAL PAYMENT**

**CHARGE**

**AMOUNT**

PROCESS

PASTE

BACK

PAY WITH CARD

PAY BY RRR

**CLIENT’S NAME**

**ADDRESS OF CLIENT**

**LOCATION OF CLIENT**

**WORKER’S PROFILE NAME**

**WORKER’S NAME**

**WORKER’S LOCATION**

**WORKER’S ADDRESS**

**SERVICE TYPE .**

**SERVICE SUBTYPE**

**SERVICE NO**

3) Location search

INFO

LOCATION

**AREA**

**LGA**

**CITY**

**STATE**

**INDICATE LOCATION**

**KEYPOINTS**

**ADVANCE SEARCH**

**ADVERTS TESTIMONIES**

**BACK**

**SEARCH**

PROFILE LOGIN

JOB ALERTS

WORKER’S PHOTO

PROFILE NAME

EMAIL

**TIMER READING**

**RECENT JOB EVIDENCE**

**UPLOAD UPLOAD**

**WORKSLIP**

**WORK RECIEPT**

**SAVE**

**CANCEL**

PHONE NUMBER

**PERSONAL NAME**

**EDIT** not all info can be edited

**UPGRADE**  you are going to add but you cannot delete or edit

**DELETE PROFLE** are you sure?. All info will be lost.

**COMPANY NAME**

**RESIDENT ADDRESS**

**OFFICE ADDRESS**

**JOBS DONE**

**SERVICE NO …………………. Status **

**SERVICE NO …………………. Status**

**SERVICE NO …………………. status**

**SERVICE NO …………………. status**

**SERVICES CHARGES**

SCROLL BAR

**SERVICE NO ………………………………….. ………………………………**

**√**

**SERVICE NO…………………………………… ………………………………**

**×**

**SERVICE NO………………………………….. ………………………………**

**×**

**SHARE TESTIMONY**

**NEGOTIATIONSS**

**HELP**

**HOME**

**BACK**

**JOB ALERT**

**CLIENT’S NAME ……………………………………………………………………………… SERVICE NO……………………………**

**TESTIMONIES**

**1.**

**2.**

**3.**

**SERVICE NEEDED …………………………………………………………………………….**

**LOCATION ……………………………………………………………………………………..**

**WORK DURATION……DD/MM/YYYY TO DD/MM/YYYY…CLOCK TIME..**

**AMOUNT PAID………………………………… NEGOTIATION…NO. 1…3**

**STATUS ……………………………………… TIMER ………………………**

**Understood,job has been transferred to another worker. Kindly log out to complete job rejection**

**LOGOUT**

**CANCEL**

**ADS AND EVENTS AND OTHERS**

**ACCEPT**

**REJECT**

**HOME**

**BACK**

**WHEN ACCEPT OPTION IS CLICKED**

**work receipt**

**BACK**

**SUBMIT**

**HOME**

**SHARE TESTIMONY**

**NAME.**

**PROFILE NAME**

**TESTIMONY. Indicate amount, date, service, and duration**

**SAVE**

**WORKSKIP**

**Give client the workslip to sign .collect both workslip and receipt of payment. Snap or copy workslip and receipt and upload. After you upload with the next 12 hours. Share your testimony and wait to be funded. Thank you for your trust**

**Process slip**

**Save/printout**

**Back**

**Home**

**You have been penalized.whether work is done or not, a penalty fee will be charged of 1% of payment in next job. Please be advised**

**Please locate client now. Your timer has started**

**Ago and you had 2 hours to comply .**

**IGNORING WILL RESULT IN A PENALTY**

**ACCEPT**

**IGNORE**

**TIMER**

**PROFILE**

**HOME**

**WORKSLIP**

**CLIENT’S NAME…………………………………………………………………………………………………………**

**ADDRESS……………………………………………………………………………………………………………………**

**WORKERS NAME………………………………………………………………………………………………………**

**WORKERS ADDRESS…………………………………………………………………………………………………**

**Were you satisfied. please specify and give details.**

**Did you pay extra. If yes , state why you did.**

**IF YOU ARE USING e-SIGN PLSEASE INDICATE IN THE WORK RECEIPT THAT YOU WILL GIVE WORKER**

**SIGN…………………………………………………… e-SIGN**

**DATE ……………………………………………………..**

ONLY FOR TERMED/TENURED JOBS/WORK. INDICATE IF IT IS OF THIS CATEGORY

INDICATE WHEN YOU WILL PAY FOR THE NEXT TENURE

**DO YOU WISH TO RENEW SERVICE AFTER THE AGREED TENURED ELASPES?**

**PLS SHOWWORKE AFTER FILLING**

**TESIMONIES**

**HOME**

**PROFILE**

**SAVE**

**PRINT**

**BACK**

**ADVERT OR PROMO**

**NAME OF CLIENT**

REGISTER PAGE

WORKER’S PHOTO

**PERSONAL DETAILS**

**NAME**

**COMPANY NAME**

**PROFILE NAME**

OPTIONS

DD/MM/YYYY

**DATE OF BIRTH MARITAL STATUS**

**PHONE NUMBER VILLAGE**

**L.G.A CITY REGION**

**CONSTITUENCY STATE NATION**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* RESIDENCE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**RESIDENT ADDRESS**

**POST BOX L.G.A CITY**

**STATE NATION REGION**

**BACK**

**SAVE AND CONTINUE**

**HELP**

**HOME**

REGISTER PAGE CONTD

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*SERVICES\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**NEGOTIATION TERMS**

**SERVICE ONE DETAILS SERVICE NO………………………………………………**

**SERVICE SUBTYPE**

**AMOUNT**

**UPLOAD EVIDENCE**

**DESCRIPTION**

**SERVICE ONE DETAILS SERVICE NO………………………………………………**

**SERVICE SUBTYPE**

**AMOUNT**

**UPLOAD EVIDENCE**

**DESCRIPTION**

**SERVICE ONE DETAILS SERVICE NO………………………………………………**

**SERVICE SUBTYPE**

**AMOUNT**

**UPLOAD EVIDENCE**

**DESCRIPTION**

**BACK**

**SAVE AND CONTINUE**

**HELP**

**HOME**

**NEGOTIATION TERMS**

**TERM 1**

**BACK**

**SAVE AND CONTINUE**

**HELP**

**HOME**

**TERM 2**

**TERM 3**

REGISTER PAGE CONTD

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OFFICE DETAILS\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**OFFICE PHOTO**

**ADDRESSS**

**DETAILS**

**PHONE NO POST BOX**

**L.G.A CITY STATE**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*BANK DETAILS\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**BANK 1 ACCOUNT NO**

**ACCOUNT NAME**

**BANK 2 ACCOUNT NO**

**ACCOUNT NAME**

**BACK**

**SAVE AND CONTINUE**

**HELP**

**HOME**

REGISTER PAGE CONTD

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*REFEREES\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**REFEREE 1**

**TITLE**

**NAME OF REFEREE**

**CONTACT NO**

**RELATIONSHIP WITH YOU**

**OCCUPATION**

**EMAIL**

**. POSTBOX WHEN DO WE CALL REFEREE**

**REFEREE 2**

**TITLE**

**NAME OF REFEREE**

**CONTACT NO**

**RELATIONSHIP WITH YOU**

**OCCUPATION**

**EMAIL**

**. POSTBOX WHEN DO WE CALL REFEREE**

**BACK**

**SAVE AND CONTINUE**

**HELP**

**HOME**

REGISTER PAGE CONTD

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*IDENTIFICATION\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**UPLOAD FRONT**

**UPLOAD BACK**

**DRIVERS LICENCE NO**

**UPLOAD FRONT**

**UPLOAD BACK**

**NATIONAL ID NO**

**UPLOAD FRONT**

**UPLOAD BACK**

**VOTERS ID**

**UPLOAD FRONT**

**UPLOAD BACK**

**INTERNATIONAL PASSPORT NO.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*ORGANIZATION MEMBERSHIP\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**NAME OF ORGANIZATION 1**

**ORGANIZATIONAL NUMBER**

**MEMBERSHIP STRENGTH**

**MEMBERSHIP ID NO**

**UPLOAD CERTIFICATE**

**UPLOAD ID PHOTO**

**NAME OF ORGANIZATION 2**

**ORGANIZATIONAL NUMBER**

**MEMBERSHIP STRENGTH**

**MEMBERSHIP ID NO**

**UPLOAD CERTIFICATE**

**UPLOAD ID PHOTO**

**BACK**

**SAVE AND CONTINUE**

**HELP**

**HOME**

REGISTER PAGE CONTD

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*CERTIFICATION\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**I, having full knowledge of myself and my work certify and declare that**

1. the information provided are correct and authentic. If not, I am willing to accept an decision made by the management of PROFA against my account.

2) I am mentally and socially sound, knowledgeable and fully aware of the risk I want to take, that I hereby register of my own accord, fully aware of the risks involved.

3) that I will not duplicate this account; that if I do so, I am willing to accept any decision made by the management against my account.

4) that I will abide by the procedures, regulations, ethics and standards guiding this platform or face the penalty if I do not. that I will be faithful, sincere with integrity, time –conscious, and responsive when my services are needed. That if not, I am willing to accept any action taken against me if I am not so

5) that I have read how PROFA operates, its purpose and setting of things. That I will remain thankful to PROFA and often present my suggestions or complains where necessary.

6) that my information are accessible to both clients and the administration of PROFA , as PROFA deems so

**By these, I agree and approve**

**HOME**

**BACK**

**SUBMIT**

REGISTER PAGE CONTD

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*REGISTRATION TOKEN\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**PROCESS**

**CARD TYPE**

INFO

**ADVERTS TESTIMONIES**

**BACK**

**HOME**

**BANK NAME**

**WORKER’S NAME ……………………………………………………………………………………………..**

**WORKERS NUMBER NO ……………………………**

**CARD NO. \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

**VALID THRU \_\_ \_\_/\_\_ \_\_ CVV \_\_ \_\_ \_\_ AMOUNT : N150**

REFER

**Please fill in correctly so that we can attend and be advised correctly. The guest is for the referee of worker while the visitor is for those who without being referred by workers want to refer someone that they know and not themselves.**

**BACK**

**HELP**

**HOME**

**ADVERTS** INFO

**TESTIMONIES**

**VISITOR**

**GUEST**

REFER contd. visitor

**PHOTO OF THE WORKER(optional)**

**NAME**

**who do you refer**

**WORKER’S OCCUPATION**

**please describe his services.**

**What can you say about the worker in terms of honesty, integrity, time-consciousness, accountability other attributes.**

**Please add any other information.**

**CERTIFICATION**

**SUBMIT**

**HELP**

**BACK**

REFER contd. guest

**REFEREE PHOTO**

**(OPTIONAL)**

**WORKER’S NAME**

**REFEREE’S NAME**

**WORKER’S OCCUPATION**

**What can you say about the worker in terms of honesty, integrity, time-consciousness, accountability other attributes.**

**Is there any other thing to note about worker? WE mean any other information or challenge**

**CERTIFICATION**

**SUBMIT**

**HELP**

**BACK**

guest

**NAME**

**Are you a client or worker**

**WORKER’S/ CLIENT’S NO/GUEST NO.{pls inducate which it is and then input in ths manner E.g worker’s no /AFC1123**

**WORKER’S SLIP/RECEIPT**

**R R R**

**REFUND**

**HELP**

**BACK**

**TESIMONIES OF WORKERS, CLIENT OR REFUNDS**

Guest CONTD.

POPUP OF REFUND

**IF DETAILS ARE INLINE , YOU WILL BE REFUNDED WITHIN 48 HOURS. BE SURE TO SHARE TESTIMONIES OF OUR REFUND SO THAT OTHERS WILL BENEFIT FROM OUR PLATFROM. THANK YOU FOR YOUR TRUST AND CONFIDENCE IN US**

**BANK**

**SUBMIT**

**HOME**

**BACK**

**PLEASE BE SURE TO GIVE THE RIGHT DETAILS AS REFUND WILL GO TO THE ACCOUNT INDICATED**

**CLIENT’S NAME ……………………………………………………………………………………………..**

**CLIENT’S NO ……………………………**

**ACCOUNT NAME**

**ACCOUNT NUMBER**

Guest CONTD

**R R R**

**CLIENT’S NAME ………………………………………………………………………………………………………………………………………………**

**WORKER’S PROFILE NAME …………………………………………………………………………………………………………………………………**

**WORKER’S NAME ………………………………………………………………………………………………………………………………………………**

**SERVICE ……………………………………………………………………SERVICE SUBTYPE ………………………………………………………….**

**WORK LOCATION………………………………………………………………………………………………………………………………..**

**WORK DURATION……………………………………………….. WORK NO…………………………………………………………**

**THE PAYMENT FOR SERVICE MENTIONED ABOVE IS ……………………………………………**

**BACK**

**HOME**

**SUBMIT**

**SAVEW**

**HELP**

HELP

**TESTIMONIES**

**PROFILE**

**SERVICE SEARCH**

**ADVERTS** INFO

**HOME**

**BACK**

**GUEST**

**REFER**

**REGISTER**

**CREATE SLIP**

**PAYMENT**

**ADVANCED SEARCH**

**SEARCH**

1. 6.

2. 7.

3. 8.

4. 9.

5.

REGISTER

BACK

LOGIN

Home

About us

Faq

Contact us

Help

promo

HOME

**SUPPORT**

**NAME**

S**UBJECT**

**BODY**

**EVIDENCE**

**RECIEPT OR WORKSLIP(OPTIONAL)**

HOME

BACK

SUBMIT

MP3

VIDEO

PIC

**COMPLAIN**

**NAME**

S**UBJECT**

**BODY**

**EVIDENCE**

**RECIEPT OR WORKSLIP(OPTIONAL)**

HOME

BACK

SUBMIT

MP3

VIDEO

PIC

**COMPLAIN**

REGISTER

BACK

LOGIN

**SUPPORT**

**TESTIMONIES ON SUPPORT OF COMPLAIN**

**Pop-up 1**

**Thank you, your info has been received and will be looked into**

**Pop-up 2**

**Your complaint have been processed it has been decided that you are**

**1. refunded . please give your testimony using your client no to complete this before you will be refunded.**

**2. Helped based on the level of your need. We may nto provide every info but we will assist.**

**Pop-up 3**

**Thank you for your suggestions . we have looked into it and will see what we can do to make this community better and more effective. PROFA- creating the link.**

**Pop-up 4**

**Based on our investigations on the transactions conducted of service no……………… of workslip…………….on the day……………………………………….,we may not be able to help or refund. We are principled and wish to maintain by out integrity , that is why we warn clients and workers alike to adhere to the ethics, principles and guidelines. Please accept our sympathy.**

SERVICE OPTIONS

**This is for the request of continuous service from a particular worker. The worker will have to agree to your terms. Also bear in ind that one this is initiated, it should be done with caution and all seriousness. There are some penalties for both client and worker for certain errors. Please do well to adhere to our terms and conditions. Please once logged in, take note what you fill as completed process will not and cannot be refilled.**

**TESTIMONIES**

**The client login will continue where the client stopped. Client**

**Endeavour to be cautious of what he fills in order to be sure**

**of what he filled.**

**Do you wish to continue on this?**

**ADVERTS** INFO

YES

NO

HOME

CLIENT’S LOGIN

**CLIENT’S NAME**

**CLIENT’S EMAIL**

**CLIENT’S NO**

**CLIENT’S PASSWORD**

**HOME**

**CANCEL**

**LOGIN/CONTINUE**

WHEN WORKER IS NOTIFIED

**WORKER’S NAME**

**WORKER’S ID WORKER NOTIFIED YES NO**

**WORKER’S AGREEMENTS**

**SUN**

**SAT**

**FRI**

**THURS**

**WED**

**TUES**

**MON**

TIME ………… TO………………. DAYS

**TO A**

**REJECT**

**ACCEPT**

**HOME**

**CANCEL**

**BACK**

PERSONAL DETAILS

**CLIENT’S NAME**

**COUNTRY/STATE/PROVINCE/CITY/LGA**

**CLIENT’S ADDRESS**

**CLIENT’S EMAIL**

**CLIENT’S PASSWORD**

**CONFIRM PASSWORD**

**HOME**

**CANCEL**

**BACK**

**CONTINUE**

WHAT KIND OF WORKER ARE YOU LOOKING FOR?

1. **A PARTICULAR WORKER CLICK PAYMENT OPTION**
2. **A PARTICULAR SERVICE**

**MONTLY**

**WEEKLY**

**DAILY**

**YEARLY**

**QUATERLY**

**WORKER’S NAME**

**WORKERS’S ID**

**SERVICES**

**AMOUNT PAYEABLE TO WORKER 20% TO PROFA AND 80% TO WORKER TO BE PAID ON**

**QUATERLY**

**MONTLY**

**WEEKLY**

**DAILY**

**YEARLY**

**BASIS TO WORKER**

**CONTINUE**

**HOME**

**CANCEL**

**.**

**IS THIS THE WORKER YOU ARE LOOKING FOR**

**PHOTO**

**WORKER’S NAME…………………………………………… ………………. WORKER’S ID……………………………………………………………………**

**NO**

**YES**

IS A PARTICULAR SERVICE IS SELECTED?

**SERVICES**

**WORKER’S CATEGORY**

**AMOUNT PAYEABLE TO WORKER 20% TO PROFA AND 80% TO WORKER TO BE PAID ON**

**QUATERLY**

**MONTLY**

**WEEKLY**

**DAILY**

**YEARLY**

**BASIS TO WORKER**

**CONTINUE TO SEARCH PAGE **

**HOME**

**CANCEL**

**SELECTED OR SEARCHED WOKRER WILL BE NOTIFIED OF YOUR DEMAND AND HE WILL BE REQUIRED TO LOG IN ANF FILL HIS QUOTA OF AGREEMENT IF HE AGREES WITHIN THE SPAACE OF 48 HOURS.**

**YOUR CLIENT NO. IS . PLS SAVE/BOOKMARK AND SCREENSHOT THIS PAGE SO AS NOT TO LOOSE IT .YOU WILL BE REQUIRED TO DOWNLOAD THE DOCUMENT AS CLIENTS EMPLOYMENT APPROVAL BELOW AND FILL IN THE NECESSARY DETAILS ON AND ONLY WHEN WORKER HAS ACCEPTED YOUR OFFER. SIGNATURE MUST BE PUT IN/ADDED IN THIS DOC AND THIS DOC SHOULD BE KEPT WITH NECESSARY SECUIRTY TO AVOID IMITATION OF YOUR DETAILS. NOTE THE FOLLOWING**

1. **LOSS OF DOC IS AT CLIENT’S RISK.**
2. **FILL AS AGREED. IF WORKER REJECTS IT BASED ON INCORRECT OR UNAGREED FILLED DETAILS, YOU WILL BE CHARGED 30% OF AGREED PAYMENT TO PROFA AND 40% TO WORKER. THIS IS BECSUE WE VALUE OUR WORKERS AND SERVICES AND WE INTEND TO MAINTAIN OUR INTEGRITY.**

**CONTINUE TO PAYMENT**

**HOME**

**LOG OUT**

**DOWNLOAD DOC**

CONTINUATION FROM PAYMENT

**SIR,**

**BECAUSE OF THE INSECURITIES INVOLVED IN RENDERING SERVICES AND PAYMENT OF SERVICES, ON THIS TERMED APPOINTMENT, YOU WILLL BE REQUIRED TO PAY FOR 2 TENURES DEPENDING ON THE AGREED BASIS, TO US. IF THE WORKER DOES NOT COMPLY AS AGREED, YOU CAN ALWAYS REPORT TO US ON CONTACT US AND WE WILL TAKE NECESSARY AND APPROPRIATE ACTION FOR THE INTEREST OF YOU, THE WORKER AND THE COMPANY. WE WILL DO WELL TO PROVIDE YOU WITH OPTIMUM RESULTS. NOTE THAT THE WORKER WILL NOT BE PAID WITHOUT YOUR PERMISSION. PLEASE CONTINUE OT PAYMENT OPTIONS**

**LOG OUT**

**CANCEL**

**CONTINUE TO PAYMENT**

PAYMENT AFTER MONEY IS CREDITED

WORK AGREEMENT

**PLEASE READ THRU THE WORKER’S DOC TO FULLY SEE WHAT WORKER HAS FILLED IN HIS DOC BEFROE YOU SUBMIT AND INITIATE CONTRACT. ONCE YOU SUMBIT , YOU CAN NOT GO BACK TO MAKE CHANGES**

**DOWNLOAD WOKRER’S DOC**

**UPLOAD CLIENT’S DOC**

**SUMBIT AND INITIATE CONTRACT**

**CONGRATULATIONS, WORKER WILL ARRIVE SOON BY …TIME…… ON…..DAY…….. WITH HIS WORKSLIP WHICH YOU WILL SIGN. HAND HIM THE PHOTOCOPY AND KEEP THE ORIGINAL . IF WORKER DOESN’T ARRIVE ON DATE, NOTIFIED US WITHIN 24 HOURS SO AS TO TAKE NECESSARY ACTION AND REFUND YOU . PLS DOWNLOAD . THANK YOU**

**RECEIPT OF SERVICE**

WORKER’S RECEIPTS

**TERMED SERVICE RECEIPT**

**CREATING THE LINK**

**RECEIPT NO…CLIENT’S NO………….. DATE………………………………………**

**I, ……………………………….................................................................Made a payment OF ……………………………………………. ………………………………………………………………………………………………………………………………………………………………………………..To Profa Platform for the service….….………………….........................................................…………………………… ,OF SERVICE NO………………………….. of Mr/miss/mrs……………………………………………………………………………………… WITH PROFILE NAME ………………………………… ………………………………………….As recognition on the date mentioned above.**

**THIS PAYMENT IS VALID FROM…………………………………………… TO …………………………………………………, BEING THAT PAID FOR A TERMED WORK. IT IS TO BE RENEWED AFTER ONE TENURE OF SERVICE PROVIDED UNTIL PERIOD OF SERVICE ELASPES.**

**e-SIGNATURE OF CLIENT**

**WILL YOU USE e-SIGN IN THE WORKSLIP. State the words you will use**

**AMOUNT IN FIGURES**

**SAVE RECEIPT**

**NAME OF CLIENT**

**Give worker Receipt and he will give you a workslip to sign. Worker will have to post both receipt and workslip , for eligibility to be paid. Feel Free to give the right information in workslip. Don’t worry, we will investigate within 48 hours before he can be paid.**

**SAVE PAGE**

**HOME**

**BACK**

WORKER IS NOTIFIED BY TEXT AND EMAIL TO CHECK HIS PROFILE

TEXT FORMAT; **CONGRATULATIN DEAR PROFA WORKER, YOUR SERVICE ARE NEEDED AS AGREED.PLEASE LOGIN TO ACCEPT OR REJECT THE OFFER. YOU HAVE 48 HOURS FROM NOW TO CONCLUDE ALL PROCESSES. REMEMEBR TO FILL IN DETAILS CORRECTLY , ONCED REJECTED OR ACCEPTED,DECISION CAN NIT BE CHANGED.**

**POP-UP. Do you wish to reject offer. .once rejected , it can not be regained**

**Yes No**

**LOGIN JOB ALERT**

**REJECT**

**SUBMIT/DOWNLOAD DOC**

**A CLIENT IS IN NEED OF A TERMED SERVICE (CLICK)**

**CLIENT’S NAME**

**CLIENT’S ID**

**COUNTRY/STATE/PROVINCE/CITY/LGA**

**CLIENT’S ADDRESS**

**ENTER SERVICES**

**MON**

**TUES**

**WED**

**THURS**

**FRI**

**SAT**

**SUN**

TIME ………… TO………………. DAYS

**CANCEL**

**HOME**

**BACK**

**ACCEPT OFFER**

**REJECT OFFER**

Submit continued……

**PLS DOWNLOAD THE WORD DOC OF YOUR APOINTMENT AND FILL IN APPROPRIATELY. YOUR WORK ID IS YOUR SIGNATURE. THIS IS YOUR CONTRACT DOC AND YOUR CLIENT MUST SEE THIS AS YOU WILL ALSO SEE HIS EMPOLYMENT APPROVAL DOC. KEEP THIS DOC AND HIS SAFELY AND DO N OT ALTER ANY AFTER FILLED. PLEASE FILL CORRECTLT AND ACREFULLY AS YOU ARE LIABLE TO PAY FOR ANY MISTAKES INCURRED.**

**PLEASE FILL AS AGREED. IF CLIENT REJECTS BASED ON INCORRECT OR AGREED DETAILS PUT BY YOU, YOU WILL BE CHARGED ACCORDING TO THE GUIDELINES AND REGULATIONS OF PROFA AND THE INCURRED DEDUCTIONS OR ACTION WILL BE DONE** **ACCORDINGLY AND/OR WITHOUT NOTICED BEFORE THE MOTION TO RETAIN OR REMOVE YOU FROM THIS PLATFORM. WE SERVE TO MAINTAIN INTERGRITY AND HONIOUR.**

**PLS LOG OUT AFTER DOWNLOAD.GO TO THE OPTION OF SUBMIT/DOWNLOAD DOC AND SUBMIT/DOWNLOAD DOC. ONCED DOC IS DOWNLAODED AND WORK ACCEPETD, YOU WILL BE ENTITLED TO RENDER SERVIICE**

**HOME**

**LOG OUT**

**DOWNLOAD DOC**

Submit/DOWNLOAD DOC continued……

**UPLOAD WORKER’S DOC**

**DOWNLOAD CLIENT’S DOC**

**SUBMIT**

**CONGRATULATIONS, YOUR INTENDED SERVICES ARE NOW ARRPOVED AND RECOGNISED BY BOTH PROFA AND CLIENT. YOUR SERVICE STARTS FROM………..... TO …..........................(DATE). IT IS ALSO NOTED THAT FOR EACH TENUFE OF SERVICE, OUT CHARGE/COMMISION IS 20% OF THE PAYMENT MADE ON YOUR BEHALF FOR YOUR SERVICES. PLEASE KINDLY DOWNLOAD WORKSLIP .**

**BE INFROMED THAT YOUR CONTRACT ENDS ONCE THE AGREED TENUER(S) HAVR REACHED AND CAN ONLY BE RENEWED BY CLIENT. WE LOOK FORWARD TO SEE YOU GROE IN YOUR NETWORK.**

**HOME**

**LOGOUT**

**WORKSLIP**

**WORKSLIP**

**CLIENT’S NAME…………………………………………………………………………………………………………**

**ADDRESS……………………………………………………………………………………………………………………**

**WORKERS NAME………………………………………………………………………………………………………**

**WORKERS ADDRESS…………………………………………………………………………………………………**

**Were you satisfied. please specify and give details.**

**Did you pay extra. If yes , state why you did.**

**IF YOU ARE USING e-SIGN PLSEASE INDICATE IN THE WORK RECEIPT THAT YOU WILL GIVE WORKER**

**SIGN…………………………………………………… e-SIGN**

**DATE ……………………………………………………..**

ONLY FOR TERMED/TENURED JOBS/WORK. INDICATE IF IT IS OF THIS CATEGORY

INDICATE WHEN YOU WILL PAY FOR THE NEXT TENURE

**DO YOU WISH TO RENEW SERVICE AFTER THE AGREED TENURED ELASPES?**

**PLS SHOWWORKE AFTER FILLING**

**TESIMONIES**

**HOME**

**PROFILE**

**SAVE**

**PRINT**

**BACK**

**ADVERT OR PROMO**

**NAME OF CLIENT**

CLIENT’S EMPOLYMENT APPROVAL LETTER

On this day………………………………………….., I, …..client’s name………………………………………………………………………………………. with client no……………………………………agrred to pay .............worker’s name…...........................................for his services of service no…………………………………………….. from this day ..................................................,termed from ……………………………………… to ……………………………………………., being a ……..................................(specify tenure, for example daily). The service days as agreed as are on…………………………………………………………………………………..(write out daysin order from Monday).

I have willingly, on agreed terms, after going through the terms and conditions, accepted PROFA to be the third paty personnel in this transaction. I have also authorized PROFA to pay the worker on agreed terms and tenure. Any relationship developed between I and the worker is at my own risk and I accept full responsibility.

I have also paid for the tenure twice as agreed and I agree to completely pay as the period of service continues. If I do not do so, I accept that the worker is paid 40% in that term whether we worked or not and PROFA is paid 30% and 30% returned to me.

I have also agreed to report worker on agreed terms and correct information, otherwise face the necessary consequence or action.

Amount paid for service………………………………………………………………………………………per……………………………….(tenure)

Amount paid for first two tenures………………………………………………………………………………………………

Work time…………………… to ……………………………………… . Days of work ……………………………………………………………………………………….

Name of worker………………………………………………………………………………………………………………………………………………

Worker’s

Profile

pic

Addresss of client……………………………………………………………………………………………………………………………………………

Name of client………………………………………………………………………………………………………………………………………………..

Signature…………………………………………………………………………..date……………………………………………………………………

Worker’s appointment agreement

Date………………………………………………………….. Service No………………………………………………………………

I,………………………………………………………………………….. being a worker of PROFA with worker’s No……………………………… , on this day…………………………………………,have agreed to render services to this client……………………………………………………………………………. Of client no………………………………………………………., being an appointment of …………………………basis(for example daily). I have agreed that he pays PROFA the amount of …………………………………………… naira to pay me a percentage of 80.

I have agreed to adhere to PROFA’s terms, conditions and regulations, and disciplines and also to face the consequences if I fail to adhere to them. I have also agreed to wait until the end of each tenure to be paid by PROFA.

I agree these and also state the following;

My services…………………………………………………………………………………………………………………………………………………………………………….

Tenure states from……………………………………………………………………………….. to ……………………………………………………………………

**YEARLY**

**QUATERLY**

**MONTLY**

**WEEKLY**

**DAILY**

Service is (click as agreed)

I state that the information given above is valid and correct and I am liabe for misinformation or loss of document.

Name……………………………………………………………………………………………………………………………….

**Worker’s profile pic**

Signature…………………………………………………………………………………

Email………………………………………………………………………………………………..

Date………………………………………………………………………………………………………..

**A WORKER? SIGN IN**

**Profile name**

**Email/phone no**

**Password**

**NEW?**

CONTINUE WITH SLIP

REGSITER

SCROLL

BAR

SCROLL BAR

COPYRIGHT

DATE

ADVERT/ARTICLES



2.

3.

TESTIMONIES

1.

2.

3.

4.

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