

OFFICE OF SAFETY AND SECURITY (OSS)

STAFF INFORMATION FORM

Personal Information:

User Name JJLOKIRI **PERNO** 86619 **Staff Name Duty Station** Juba **Position Title Unit Name** SOUTH SUDAN Call Sign JM 856 **Staff Category** National Staff Nationality Zone 1 Zone Residential area TongPing **Residence Type**

PERSONAL CONTACTS		
Contact Category	Contact Details	
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Office Email	jjlokiri@iom.int	

EMERGENCY CONTACTS		
Relationship	Name of Contact Person	Contact Details
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