28th Jan, 2022

**OUR REF:** MGS/ABJ/01/2022/01

**Mr. Yekini Yakubu**

NO 9. David Dauda Street, Karu LGA,

One Man Vilage, Nasarawa State.

**Dear Yekini,**

**OFFER OF APPOINTMENT AS FACILITY MANAGER FOR A PERIOD OF THREE (3) YEARS**

We refer to your recent application and subsequent interview held in our organization and are pleased to offer you an employment in our Company as Facility Manager with effect from 1ST of FEBRUARY 2022 TO 20TH OF FEBRUARY 2024.

In your capacity as Manager, you shall be posted to The Hillside Hub of Mufarka Global Services Limited. Your duties and responsibilities shall include but not limited to:

1. Cleaning/maintenance of common area.
2. Washing/cleaning of wall glass, premises, and gardens
3. Ensuring efficient maintenance of the Plaza and timely reporting of any fault in the Plaza to the Facility Manager and ensure that your tools are properly maintained.
4. Any other duties as assigned to you.

**REMUNERATION:**

1. You shall be paid a gross salary of **N100, 000.00** per month and a total sum of 1,200,000.00 per annum.

**OFFICE TIME:**

1. You shall report to office by 8:00am and shall be in attendance until 4:00pm
2. You shall work from Monday through Friday
3. You shall entitled for one week leave within a year

* 2 -

**CONTRACT:**

1. During the period of this contract appointment, resignation or termination is subject to either party giving two (2) weeks notice or one (1) month’s salary in lieu of such notice.
2. In case of gross official misconducts such as fraud, dishonesty, disloyalty, dereliction of official duties or other malpractices, the Company reserves the right to dismiss you or terminate without any notice or compensation whatsoever.
3. You shall benefit from the firm’s group insurance scheme. (if any)
4. You shall be entitled to 10,000.00 monthly allowance
5. This appointment is subject to receipt of two references from two guarantors of good standing in the society.

If this is acceptable to you, please indicate your acceptance by signing the duplicate copy.

We hope you will enjoy your working period with us.

Yours faithfully,

**Mufarka Global Services Ltd**

**Fatimah Idris**

Group Human Resources Director

I, ……………………………………………………………… accept this offer based on the terms stated above.

Signature…………………………… Date……………………………………………

|  |
| --- |
|  |

**Mufarka Global Services Ltd**

**GUARANTOR FORM**

NAME: ----------------------------------------------------------------------

PROFESSION: -----------------------------------------------------------------

BUSINESS ADDRESS (NOT P.O.BOX): -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PROFESSIONAL REGISTRATION NO: --------------------------------------------------------------

TELEPHONE NO(S): --------------------------------------------------------------------------------------

NAME OF APPLICANT: -----------------------------------------------------------------------------------

COMMENTS ON CHARACTER AND PERSON OF APPLICANT: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

AFFIRMATION

I ----------------------------------------- HEREBY AFFIRM THAT THE INFORMATION GIVEN ABOVE IS TRUE AND I STAND AS GUARANTOR FOR THE APPLICANT ------------------------------------------------------------------------------- KNOWING FULLY WELL THAT I SHALL BE LIABLE FOR ANY OFFENCE COMMITTED BY THE APPLICANT IN THE COURSE OF CARRYING OUT HIS / HER DUITIES, AND I CAN BE CONTACTED IN THE CASE OF ANY EMMERGENCY.

DATE: --------------------------------- SIGNATURE: -------------------------------

**NOTE: THIS TO BE FILLED BY ANY OF THE FOLLOWING:**

* **CLERGY**
* **LAWYER**
* **MEDICAL DOCTOR**
* **ESTATE SURVEYOR**
* **CHARTERED QUANTITY SURVEYOR**
* **CHARTERED ACCOUNTANT**
* **CHARTERED STOCK BROKER**
* **SENIOR PUBLIC SERVANT**

ALSO NOTE THAT VALID ADDRESS (NOT P.O.BOX) SHOULD BE SUPPLIED AND THE PHONE NOS SHOULD BE VALID.

**Mufarka Global Services Ltd**

**PERSONAL INFORMATION FORM**

NAME: -------------------------------------------------------------------------------------------------

CURRENT ADDRESS:------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

POSITION: --------------------------------------------------------------------------------------------

QUALIFICATION: SSCE----------- HND/BSC/BA ------------ MASTERS ------------------

OTHERS -----------------------------------------------------------------------------------------------

STAFF IDENTITY CARD NUMBER: ------------------------------------------------------------

YEAR OF GRADUATION: ------------------------------------------------------------------------

DATE OF EMPLOYMENT: ------------------------------------------------------------------------

DATE OF CONFIRMATION: ----------------------------------------------------------------------

DATE OF LAST TRANSFER: ---------------------------------------------------------------------

DATE OF BIRTH: ------------------------------------------------------------------------------------

STATE OF ORIGIN: ---------------------------------------------------------------------------------

LOCAL GOVT. / VILLAGE OF ORIGIN: -------------------------------------------------------

MARRITAL STATUS: ------------------------------------------------------------------------------

EMPLOYEE’S TELEPHONE NUMBER: --------------------------------------------------------

EMPLOYEE’S PERMANENT HOME ADDRESS: --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NAME OF SPOUSE: ---------------------------------------------------------------------------------

SPOUSE STATE OF ORIGIN: ---------------------------------------------------------------------

* 1 -

LOCAL GOVT. / VILLAGE OF ORIGIN: -------------------------------------------------------

NUMBER OF CHILDREN: --------------------------------------------------------------------------

NAMES OF CHILDREN: (i) -------------------------------------------------------------------------

(ii) ------------------------------------------------------------------------

(iii) -----------------------------------------------------------------------

(iv) -----------------------------------------------------------------------

NEXT OF KIN: ----------------------------------------------------------------------------------------

OCCUPATION OF NEXT OF KIN: -----------------------------------------------------------------

RELATIONSHIP OF NEXT OF KIN: ----------------------------------------------------------------

ADDRESS OF NEXT OF KIN: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TELEPHONE NO. OF NEXT OF KIN: --------------------------------------------------------------

I, -------------------------------------------------------------------------- attest that the information given above are to the best of my knowledge true and correct.

Signature: ----------------------------------------- Date: ---------------------

-2-

28th Jan, 2022

**OUR REF:** MGS/ABJ/01/2022/02

**Mr. Babangida ………….**

NO 9. David Dauda Street, Karu LGA,

One Man Village, Nasarawa State.

**Dear Babanida,**

**OFFER OF APPOINTMENT AS SUPERVISOR FOR A PERIOD OF THREE (3) YEARS**

We refer to your recent application and subsequent interview held in our organization and are pleased to offer you an employment in our Company as Facility Manager with effect from 1ST of FEBRUARY 2022 TO 20TH OF FEBRUARY 2024.

In your capacity as Manager, you shall be posted to The Hillside Hub of Mufarka Global Services Limited. Your duties and responsibilities shall include but not limited to:

1. Oversee the janitors to ensure zero dirty in common area.
2. Washing/cleaning of wall glass, premises, and gardens
3. Ensuring efficient maintenance of the Plaza and timely reporting of any fault in the Plaza to the Facility Manager and ensure that your tools are properly maintained.
4. Any other duties as assigned to you.

**REMUNERATION:**

1. You shall be paid a gross salary of **N25, 000.00** per month and a total sum of **N300,000.00** per annum.

**OFFICE TIME:**

1. You shall report to office by 6:00am and shall be in attendance until 5:00pm
2. You shall work from Monday through Friday
3. You shall entitled for one week leave within a year

* 2 -

**CONTRACT:**

1. During the period of this contract appointment, resignation or termination is subject to either party giving two (2) weeks notice or one (1) month’s salary in lieu of such notice.
2. In case of gross official misconducts such as fraud, dishonesty, disloyalty, dereliction of official duties or other malpractices, the Company reserves the right to dismiss you or terminate without any notice or compensation whatsoever.
3. You shall benefit from the firm’s group insurance scheme. (if any)

1. This appointment is subject to receipt of two references from two guarantors of good standing in the society.

If this is acceptable to you, please indicate your acceptance by signing the duplicate copy.

We hope you will enjoy your working period with us.

Yours faithfully,

**Mufarka Global Services Ltd**

**Fatimah Idris**

Group Human Resources Director

I, ……………………………………………………………… accept this offer based on the terms stated above.

Signature…………………………… Date……………………………………………

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**Mufarka Global Services Ltd**

**GUARANTOR FORM**

NAME: ----------------------------------------------------------------------

PROFESSION: -----------------------------------------------------------------

BUSINESS ADDRESS (NOT P.O.BOX): -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PROFESSIONAL REGISTRATION NO: --------------------------------------------------------------

TELEPHONE NO(S): --------------------------------------------------------------------------------------

NAME OF APPLICANT: -----------------------------------------------------------------------------------

COMMENTS ON CHARACTER AND PERSON OF APPLICANT: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

AFFIRMATION

I ----------------------------------------- HEREBY AFFIRM THAT THE INFORMATION GIVEN ABOVE IS TRUE AND I STAND AS GUARANTOR FOR THE APPLICANT ------------------------------------------------------------------------------- KNOWING FULLY WELL THAT I SHALL BE LIABLE FOR ANY OFFENCE COMMITTED BY THE APPLICANT IN THE COURSE OF CARRYING OUT HIS / HER DUITIES, AND I CAN BE CONTACTED IN THE CASE OF ANY EMMERGENCY.

DATE: --------------------------------- SIGNATURE: -------------------------------

**NOTE: THIS TO BE FILLED BY ANY OF THE FOLLOWING:**

* **CLERGY**
* **LAWYER**
* **MEDICAL DOCTOR**
* **ESTATE SURVEYOR**
* **CHARTERED QUANTITY SURVEYOR**
* **CHARTERED ACCOUNTANT**
* **CHARTERED STOCK BROKER**
* **SENIOR PUBLIC SERVANT**

ALSO NOTE THAT VALID ADDRESS (NOT P.O.BOX) SHOULD BE SUPPLIED AND THE PHONE NOS SHOULD BE VALID.

**Mufarka Global Services Ltd**

**PERSONAL INFORMATION FORM**

NAME: -------------------------------------------------------------------------------------------------

CURRENT ADDRESS:------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

POSITION: --------------------------------------------------------------------------------------------

QUALIFICATION: SSCE----------- HND/BSC/BA ------------ MASTERS ------------------

OTHERS -----------------------------------------------------------------------------------------------

STAFF IDENTITY CARD NUMBER: ------------------------------------------------------------

YEAR OF GRADUATION: ------------------------------------------------------------------------

DATE OF EMPLOYMENT: ------------------------------------------------------------------------

DATE OF CONFIRMATION: ----------------------------------------------------------------------

DATE OF LAST TRANSFER: ---------------------------------------------------------------------

DATE OF BIRTH: ------------------------------------------------------------------------------------

STATE OF ORIGIN: ---------------------------------------------------------------------------------

LOCAL GOVT. / VILLAGE OF ORIGIN: -------------------------------------------------------

MARRITAL STATUS: ------------------------------------------------------------------------------

EMPLOYEE’S TELEPHONE NUMBER: --------------------------------------------------------

EMPLOYEE’S PERMANENT HOME ADDRESS: --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NAME OF SPOUSE: ---------------------------------------------------------------------------------

SPOUSE STATE OF ORIGIN: ---------------------------------------------------------------------

* 1 -

LOCAL GOVT. / VILLAGE OF ORIGIN: -------------------------------------------------------

NUMBER OF CHILDREN: --------------------------------------------------------------------------

NAMES OF CHILDREN: (i) -------------------------------------------------------------------------

(ii) ------------------------------------------------------------------------

(iii) -----------------------------------------------------------------------

(iv) -----------------------------------------------------------------------

NEXT OF KIN: ----------------------------------------------------------------------------------------

OCCUPATION OF NEXT OF KIN: -----------------------------------------------------------------

RELATIONSHIP OF NEXT OF KIN: ----------------------------------------------------------------

ADDRESS OF NEXT OF KIN: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TELEPHONE NO. OF NEXT OF KIN: --------------------------------------------------------------

I, -------------------------------------------------------------------------- attest that the information given above are to the best of my knowledge true and correct.

Signature: ----------------------------------------- Date: ---------------------

-2-

28th Jan, 2022

**OUR REF:** MGS/ABJ/01/2022/02

**Mr. Abdullahi Shehu**

Gidanwanka Village, Opp.Works & Housing Estate,

Gwarimpa, F.C.T. Abuja

**Dear Abdullahi,**

**OFFER OF APPOINTMENT AS CLEANER FOR A PERIOD OF THREE (3) YEARS**

We refer to your recent application and subsequent interview held in our organization and are pleased to offer you an employment in our Company as Cleaner with effect from 1ST of FEBRUARY 2022 TO 20TH OF FEBRUARY 2024.

In your capacity as cleaner, you shall be posted to The Hillside Hub of Mufarka Global Services Limited. Your duties and responsibilities shall include but not limited to:

1. Cleaning/maintenance of common area.

2. Washing/cleaning of wall glass external surroundings

3. General cleaning of the gardens

1. Ensuring efficient maintenance of the Plaza and timely reporting of any fault in the Plaza to the Facility Manager and ensure that your tools are properly maintained.
2. Any other duties as assigned to you.

**REMUNERATION:**

1. You shall be paid a gross salary of **N20, 000.00** per month and a total sum of **N240,000.00** per annum

**OFFICE TIME:**

1. You shall report for work by 5:30am and shall be in attendance until 5:00pm

* 2 -

**CONTRACT:**

1. During the period of this contract appointment, resignation or termination is subject to either party giving two (2) weeks’ notice or one (1) month’s salary in lieu of such notice.
2. In case of gross official misconducts such as fraud, dishonesty, disloyalty, dereliction of official duties or other malpractices, the Company reserves the right to dismiss you or terminate without any notice or compensation whatsoever.
3. You shall benefit from the firm’s group insurance scheme. (if any)
4. This appointment is subject to receipt of two references from two guarantors of good standing in the society.

If this is acceptable to you, please indicate your acceptance by signing the duplicate copy.

We hope you will enjoy your working period with us.

Yours faithfully,

**MUFARKA GLOBAL SERVICES LIMITED**

**Fatimah Idris**

Group Human Resources Director

I, ……………………………………………………………… accept this offer based on the terms stated above.

Signature…………………………… Date……………………………………………

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|  |

**Mufarka Global Services Ltd**

**GUARANTOR FORM**

NAME: ----------------------------------------------------------------------

PROFESSION: -----------------------------------------------------------------

BUSINESS ADDRESS (NOT P.O.BOX): -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PROFESSIONAL REGISTRATION NO: --------------------------------------------------------------

TELEPHONE NO(S): --------------------------------------------------------------------------------------

NAME OF APPLICANT: -----------------------------------------------------------------------------------

COMMENTS ON CHARACTER AND PERSON OF APPLICANT: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

AFFIRMATION

I ----------------------------------------- HEREBY AFFIRM THAT THE INFORMATION GIVEN ABOVE IS TRUE AND I STAND AS GUARANTOR FOR THE APPLICANT ------------------------------------------------------------------------------- KNOWING FULLY WELL THAT I SHALL BE LIABLE FOR ANY OFFENCE COMMITTED BY THE APPLICANT IN THE COURSE OF CARRYING OUT HIS / HER DUITIES, AND I CAN BE CONTACTED IN THE CASE OF ANY EMMERGENCY.

DATE: --------------------------------- SIGNATURE: -------------------------------

**NOTE: THIS TO BE FILLED BY ANY OF THE FOLLOWING:**

* **CLERGY**
* **LAWYER**
* **MEDICAL DOCTOR**
* **ESTATE SURVEYOR**
* **CHARTERED QUANTITY SURVEYOR**
* **CHARTERED ACCOUNTANT**
* **CHARTERED STOCK BROKER**
* **SENIOR PUBLIC SERVANT**

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**Mufarka Global Services Ltd**

**PERSONAL INFORMATION FORM**

NAME: -------------------------------------------------------------------------------------------------

CURRENT ADDRESS:------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

POSITION: --------------------------------------------------------------------------------------------

QUALIFICATION: SSCE----------- HND/BSC/BA ------------ MASTERS ------------------

OTHERS -----------------------------------------------------------------------------------------------

STAFF IDENTITY CARD NUMBER: ------------------------------------------------------------

YEAR OF GRADUATION: ------------------------------------------------------------------------

DATE OF EMPLOYMENT: ------------------------------------------------------------------------

DATE OF CONFIRMATION: ----------------------------------------------------------------------

DATE OF LAST TRANSFER: ---------------------------------------------------------------------

DATE OF BIRTH: ------------------------------------------------------------------------------------

STATE OF ORIGIN: ---------------------------------------------------------------------------------

LOCAL GOVT. / VILLAGE OF ORIGIN: -------------------------------------------------------

MARRITAL STATUS: ------------------------------------------------------------------------------

EMPLOYEE’S TELEPHONE NUMBER: --------------------------------------------------------

EMPLOYEE’S PERMANENT HOME ADDRESS: --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NAME OF SPOUSE: ---------------------------------------------------------------------------------

SPOUSE STATE OF ORIGIN: ---------------------------------------------------------------------

* 1 -

LOCAL GOVT. / VILLAGE OF ORIGIN: -------------------------------------------------------

NUMBER OF CHILDREN: --------------------------------------------------------------------------

NAMES OF CHILDREN: (i) -------------------------------------------------------------------------

(ii) ------------------------------------------------------------------------

(iii) -----------------------------------------------------------------------

(iv) -----------------------------------------------------------------------

NEXT OF KIN: ----------------------------------------------------------------------------------------

OCCUPATION OF NEXT OF KIN: -----------------------------------------------------------------

RELATIONSHIP OF NEXT OF KIN: ----------------------------------------------------------------

ADDRESS OF NEXT OF KIN: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TELEPHONE NO. OF NEXT OF KIN: --------------------------------------------------------------

I, -------------------------------------------------------------------------- attest that the information given above are to the best of my knowledge true and correct.

Signature: ----------------------------------------- Date: ---------------------

-2-

28th Jan, 2022

**OUR REF:** MGS/ABJ/01/2022/03

**Mr. Hassana Ahmed**

NO………………..

**Dear Hassana,**

**OFFER OF APPOINTMENT AS CLEANER FOR A PERIOD OF THREE (3) YEARS**

We refer to your recent application and subsequent interview held in our organization and are pleased to offer you an employment in our Company as Cleaner with effect from 1ST of FEBRUARY 2022 TO 20TH OF FEBRUARY 2024.

In your capacity as cleaner, you shall be posted to The Hillside Hub of Mufarka Global Services Limited. Your duties and responsibilities shall include but not limited to:

1. Cleaning/maintenance of common area.

2. Washing/cleaning of wall glass external surroundings

3. General cleaning of the gardens

1. Ensuring efficient maintenance of the Plaza and timely reporting of any fault in the Plaza to the Facility Manager and ensure that your tools are properly maintained.
2. Any other duties as assigned to you.

**REMUNERATION:**

1. You shall be paid a gross salary of **N20, 000.00** per month and a total sum of **N240,000.00** per annum

**OFFICE TIME:**

1. You shall report for work by 5:30am and shall be in attendance until 5:00pm

* 2 -

**CONTRACT:**

1. During the period of this contract appointment, resignation or termination is subject to either party giving two (2) weeks’ notice or one (1) month’s salary in lieu of such notice.
2. In case of gross official misconducts such as fraud, dishonesty, disloyalty, dereliction of official duties or other malpractices, the Company reserves the right to dismiss you or terminate without any notice or compensation whatsoever.
3. You shall benefit from the firm’s group insurance scheme.
4. This appointment is subject to receipt of two references from two guarantors of good standing in the society.

If this is acceptable to you, please indicate your acceptance by signing the duplicate copy.

We hope you will enjoy your working period with us.

Yours faithfully,

**MUFARKA GLOBAL SERVICES LIMITED**

**Fatimah Idris**

Group Human Resources Director

I, ……………………………………………………………… accept this offer based on the terms stated above.

Signature…………………………… Date……………………………………………

|  |
| --- |
|  |

**Mufarka Global Services Ltd**

**GUARANTOR FORM**

NAME: ----------------------------------------------------------------------

PROFESSION: -----------------------------------------------------------------

BUSINESS ADDRESS (NOT P.O.BOX): -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PROFESSIONAL REGISTRATION NO: --------------------------------------------------------------

TELEPHONE NO(S): --------------------------------------------------------------------------------------

NAME OF APPLICANT: -----------------------------------------------------------------------------------

COMMENTS ON CHARACTER AND PERSON OF APPLICANT: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

AFFIRMATION

I ----------------------------------------- HEREBY AFFIRM THAT THE INFORMATION GIVEN ABOVE IS TRUE AND I STAND AS GUARANTOR FOR THE APPLICANT ------------------------------------------------------------------------------- KNOWING FULLY WELL THAT I SHALL BE LIABLE FOR ANY OFFENCE COMMITTED BY THE APPLICANT IN THE COURSE OF CARRYING OUT HIS / HER DUITIES, AND I CAN BE CONTACTED IN THE CASE OF ANY EMMERGENCY.

DATE: --------------------------------- SIGNATURE: -------------------------------

**NOTE: THIS TO BE FILLED BY ANY OF THE FOLLOWING:**

* **CLERGY**
* **LAWYER**
* **MEDICAL DOCTOR**
* **ESTATE SURVEYOR**
* **CHARTERED QUANTITY SURVEYOR**
* **CHARTERED ACCOUNTANT**
* **CHARTERED STOCK BROKER**
* **SENIOR PUBLIC SERVANT**

ALSO NOTE THAT VALID ADDRESS (NOT P.O.BOX) SHOULD BE SUPPLIED AND THE PHONE NOS SHOULD BE VALID.

**Mufarka Global Services Ltd**

**PERSONAL INFORMATION FORM**

NAME: -------------------------------------------------------------------------------------------------

CURRENT ADDRESS:------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

POSITION: --------------------------------------------------------------------------------------------

QUALIFICATION: SSCE----------- HND/BSC/BA ------------ MASTERS ------------------

OTHERS -----------------------------------------------------------------------------------------------

STAFF IDENTITY CARD NUMBER: ------------------------------------------------------------

YEAR OF GRADUATION: ------------------------------------------------------------------------

DATE OF EMPLOYMENT: ------------------------------------------------------------------------

DATE OF CONFIRMATION: ----------------------------------------------------------------------

DATE OF LAST TRANSFER: ---------------------------------------------------------------------

DATE OF BIRTH: ------------------------------------------------------------------------------------

STATE OF ORIGIN: ---------------------------------------------------------------------------------

LOCAL GOVT. / VILLAGE OF ORIGIN: -------------------------------------------------------

MARRITAL STATUS: ------------------------------------------------------------------------------

EMPLOYEE’S TELEPHONE NUMBER: --------------------------------------------------------

EMPLOYEE’S PERMANENT HOME ADDRESS: --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NAME OF SPOUSE: ---------------------------------------------------------------------------------

SPOUSE STATE OF ORIGIN: ---------------------------------------------------------------------

* 1 -

LOCAL GOVT. / VILLAGE OF ORIGIN: -------------------------------------------------------

NUMBER OF CHILDREN: --------------------------------------------------------------------------

NAMES OF CHILDREN: (i) -------------------------------------------------------------------------

(ii) ------------------------------------------------------------------------

(iii) -----------------------------------------------------------------------

(iv) -----------------------------------------------------------------------

NEXT OF KIN: ----------------------------------------------------------------------------------------

OCCUPATION OF NEXT OF KIN: -----------------------------------------------------------------

RELATIONSHIP OF NEXT OF KIN: ----------------------------------------------------------------

ADDRESS OF NEXT OF KIN: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TELEPHONE NO. OF NEXT OF KIN: --------------------------------------------------------------

I, -------------------------------------------------------------------------- attest that the information given above are to the best of my knowledge true and correct.

Signature: ----------------------------------------- Date: ---------------------

-2-