				tri	<b>le</b>	fu					Γ				
					Р	ENS		5					port P	_	-
		1POR/											e shou ten at <sup>-</sup>		
SECTION 1: EMPLOYE		LEASE C				ORMA	TION			EITER	5		len al Dasspo		
					7								ould be		
*Title (Mr., Mrs., Miss., etc	.)												backg	round	
*First Name			I	I	-1		1	-1		1		-			
Middle Name				1	1		1	1		1					
*Surname Name	1			1	Τ		Ι	Τ		T			T		
*Gender									<b>*</b> N	1arital S	Status				
(please tick appropriately)											Μ	ID			
Male Female											S	2			
												J			
*Nationality							1				D	V			
**State of Origin											\A	/D			
						1									
*Date of Birth (DD-MON-YYYY)											SI	Þ			
							]								
		 [	1			1									
*Residential Address: Loc	ation – I	Nigeria		Abro	bad										
House No/Name					1									1	
Street Name														]	
Village/Town/City														]	
Local Government Name	 e						**	_/G Res	idence	Code					
**State of Residence Nam	e						**	State Re	esidenc	e Code	9				
*Country of Residence Co	de		Zip Co	ode	]			ı							
P. O. Box/P. M. B		-1		1	•	•									
Personal E-Mail Address	· ;	· ·	1	-					1				1		
*Phone No: (Code + Mol	oile Nur	nber)								_					
+															

## **SECTION 2: EMPLOYMENT RECORD**

Employe	er Type	e <u>*</u> En	nploye	r Nam	e (in fu	LL)												
*Employ	/er Ad	dress:	Locatio	on – N	igeria		Abr	oad							•			
Buildi	ng No	/Name	9		-			L										
																		]
Street	Name	2		l r		l r	1	l T	l r	 1		1	l r	l r	1		 	
**Villag	e/Tow	n/City								*	Count	ry of R	esiden	ice Co	de			1
									]									
**Local	Gover	nment	Name	<u> </u>					]	*:	L/G R	esiden	ce Coc	le				
**State	of Res	idence	Name	3						*	*State	Reside	 ence Co	ode				
Zip Co	Zip Code																	
P. O. Box/P. M. B																		
*Empl	loyer's	Phone	e No: (	Count	y Cod	e + Mo	obile N	lumbe	er)									
+																		
*Natur	e of B	usines	[ 5					-	-									_
*Date of Current Employment (DD-MON-YYYY)																		
			. /	Ň														
<u> </u>	1	1		<u> </u>														

## CHECK LIST

Please attach copies of the following:

- 1. A letter of indemnity/mandate from the employer certifying that the employee has not submitted evidence of opening an RSA and requesting the PFA to open a temporary RSA. The letter shall state the name of the employee, date of assumption of duty and the Employee ID number.
- 2. Letter of employment/letter of appointment, in the case of private sector employees, or Letter of First Appointment/Attestation Letter, in the case of public sector employees.
- 3. Birth Certificate or Declaration of Age.

CERTIFIED BY:	
DATE:	
DESIGNATION:	
SIGNATURE:	