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ECTION 1: EMPLOYEE		<mark>ASE COM</mark> ONAL DA		ALL IN	FORMA	TION IN	I CAPIT	AL LET	TERS			
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Gender blease tick appropriately)								*Mari	tal Stat	us MD		
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Date of Birth (DD-MON-YYYY)					1					SP		
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SECTION2: EMPLOYMENT RECORD

*	Emplo	oyer Ty	/pe													
01	Publi	c Secto	r Emplo	yees: F	ederal											
02	2 Priva	te Secto	or Emplo	oyees:												
03	8 Micro	Pensio	on Plan (Contrik	outors											
04	Cros	s Borde	r Emplo	yees												
Emplo	yer N	ame <mark>(IN</mark>	FULL)													
*Emplo Buildir				tion –	Nigeri	a	Ab	proad								
Street	Nam	e	1	1			• •					1				
*Village/Town/City								 		*Cour	ntry o	f Resi	dence	Code		
*Local	Gove	rnmen	t Name	9						*:	*L/G Re	siden	ce Co	de		
*State	of Do	idona	o Nom								**State	D D D D D D	idona	Cada		
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**Zip	Code)					P	. O. Bo	x/P. M.	. В						
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1. Aletterofindemnity/mandate

fromtheemployercertifyingthat

theemployeehasnotsubmittedevidenceofopeninganRSAandrequestingthePFAtoopenatemporaryRSA.Thelettershallstatethenameoftheemployee,dateofassumptionofdutyandthe

EmployeeIDnumber.

- 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. BirthCertificateorDeclaration ofAge.

CERTIFIED BY:	
DATE:	
DESIGNATION:	