

3b * (Formal Sector (Fed & State MDAs) Employees-01)

EXISTING CONTRIBUTOR DATA RECAPTURE FORM

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS

NOTE: * INDICATE MANDATORY FIELDS **INDICATE CONDITIONAL MANDATORY FIELDS

SECTION 1: RETIREMENT SAVIN	GS AC	CCOU	NT (R	RSA)	HOLE	ER'S	DET	AILS														
1a * RSA Status	,	Retiree Active																				
1b * PFA name		Т	A	N	G	E	R	ı	N	E	A	Р	Т	Р	E	N	s	ı	0	N	S	
1c* RSA PIN (TPL)		Р	Е	N																		
(where applica 1d* List of other RSA Pins & their Pl																						
SECTION 2: PERSONAL DATA																						
* Recent Passport Photograph (with white background)	a* Title	9				Mr			1rs	ACIT		iss			1s		TITY 0	400)				
	* Surr	name						1)	NAME	AS II	APPEA	ARS ON	100	RNAII	ONAL	IDEN		ARD)	\top	\top		7
	Juli	ianic																				_
Name boldly written	* First	t name	е																			
behind the passport picture	Midd	le nan	ne																			
	Maid	en nai	me																			
* Gender (M/F) Male Female	* Mar	rital St	atus	I	Marrie	ed		Si	ngle		1	Divorc	ed		Wie	dowe	ed		Sepo	ıratec		
* Date of Birth (DD MON YYYY)	Sample [Date 14-	09-1970)			*N	ation	alitv													
Bank Verification Number					_		* *	Natio	nal Id	lentit	y Nur	nber										_
* Place of birth(village/city)																						Ī
** State of Origin (If Nationality	is Nige	erian)					* *	Local	Gove	ernme	ent Ar	ea (If I	Natio	nality	is Nig	geria:	n)					_
RESIDENTIAL ADDRESS		**NIG	ERIA]		**/	ABRO	AD [_
House No./Name																						
Street Name																						
** Village/Town/City																						
** Local Government Area Code				**	State	e of R	eside	nce C	ode		•		* (Count	ry of	Resid	lence	Code				
* Country of Residence																						
** State of Resience (If Nationali	ty is N	Nigeric	n)	1	7		**	Local	Gove	ernme	ent A	rea of	Resid	dence	(If N	atior T	nality i	s Nig	erian)	<u> </u>		7
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** Zip Code		<u> </u>			<u> </u>		<u> </u>	P.O.B	ox or	РМВ	(if any	/)		\perp			\perp					
Personal Email Address		aladie N																				
* Phone Number	, Mc	obile Nu	mper																			
SECTION 3: EMPLOYMENT RECO	ORD		-																			
3a Sector Classsification																						

(Private Sector Employeees-02)

(Informal Sector Employees-03)

(Cross Border Employees-04)

3c ** Employer under IPPIS? (Tick if applie	cable)	3d** Date Employee J	(DD MON YYYY)	
3e * Employee's IPPIS No.				
3f ** Employer Name (in full e.g National Pe	ensions Commission NOT PenCom)			
3g Employer 's Current Business Loc	cation/Address	** Nigeria	** Abroad	
Building No/Name				
Street Name				
** Village/Town/City				
** Local Government of Residence				
** State of Residence				
** Country of Residence	** Zi	Zip Code	P.O.Box or P	PMB (if any)
** Employer's Phone Number		L	3h ** Nature	of Business (informal sector only)
Country code (Tel) Mobile Number				
3; ** Employer's ID/No.(Public, Private Sec	etors & Cross Border Employees Only)		 sj** Service ID/Number ((Police & Paramilitary only)
3k ** Designation/Rank	_	3	Sm Date of Current Em	ployment (Private Sector only) (DD MON YYYY
31 ** Date of First Appointment (Publi	c Sector only)		** Date of Transfer of S	Gervice (Public Sector only) (DD MON YYYY)
SECTION 4: PERSONAL DATA				
4 FGN Treasury Funded MDAs or	-			
** Harmonised Salary Structure as	at 2004 (g.g. HAPSS, HATISS)		** Consolidated Salar	ry Structure as at 2007
** Consolidated Salary Structure a	s at 2010		** Enhanced Consolid	lated Salary Structure as at 2013
	** Enhanced Cons	solidated Salary Structu	ıre as at 2016	
** GL as at June 2004 ** Step as a	t June 2004 ** GL as at Ju	lune 2007 ** Step as at		as at June 2007 ** Step as at June 2007
** GL as at 2013	s at 2013 ** GL as at	rt 2016 ** Step as a	t 2016 ** Current Sal	lary structure (e.g. ENCONTISS)
	** Curren	nt GL ** Current		
SECTION 5: NEXT OF KIN'S DATA				
5. Next of KIN's DATA * Gender (M/F) Male	Female			
* Title (Mr. Mrs. Miss & Ms.)	Married S	Single Divorced	Widowed	Separated
* Surname				
* First Name				

	Middle Name																										
	* Relationship																										
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	Corresponden	ice Ac	ddres	S		•	** Nig	eria				** /	Abroa	d [_													
	House No/Nam	e																									
	Street Name																										
	** Village/Town/Ci	ity																									
	** Local Governm	ent Ar	rea]
	** State of Resider	nce																									
	** Country (if base	ed abro	oad)																								
	** Zip Code/Posto	al Cod	le (if li	ving	abro	oad)									P.O.	Вох о	r PME	3 (if a	ny)								
	Email Address																										
	** Phone Number																										
	SECTION 6: CONT	RIBUT	ror's	CE	RTIF	ICAT	ION																				
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Number and date employee joined IPPIS (for employees of MDAs under IPPIS)