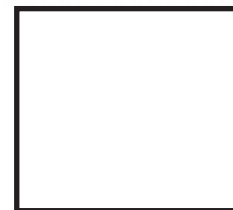




EMPLOYEE'S DATA FORM



Full Name _____
Surname First name Last name

Employee E-mail: _____

Employee Telephone No: _____

Residential Address _____

City _____

Date of Birth _____ Marital Status _____

Spouse Name _____

Home Town _____

Address _____

Local Government of Origin _____

State of Origin _____

Name of Parents/Guardian _____

Name of Someone in case of Emergency _____

Next of kin _____

Address of next of kin _____

Tel No. of next of kin _____

Employee Signature

Date