BROWNBOX LOGISTICS

RC 7570417

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

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