APPENDIX C

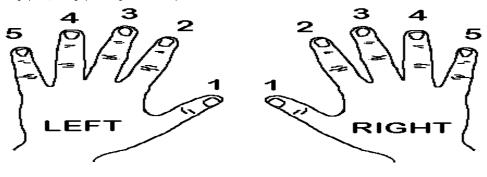
NOMINAL PIN REGULARIZATION FORM

SECTION 4 NOW	DEBOOT	AL 15-	. N.T 1 -	ATIC		ME	'D 'C	ır.															
SECTION 1: NOMINAL * NOMINAL PIN	PERSON	AL IDE	NTIFIC	ATIO	N NU	MBE	:R (P	IN) L	DETA	ILS					ī								
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b * PFA NAME																							
SECTION 2: PERSONA	AL DATA																	200	ont D		ort C	hoto	
																						groun	d)
a *Title (Mr., Mrs., Miss &	Ms.)																						
*Surname									Г						Ī								
*First Name															ī							ldly v isspo	vritte: rt
Middle Name									1				1		Ī						aph	·	
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*Mother's Maiden Name	•														Į								
*Gender(M/F) *Ma	arital Statu	ıs				*Nat	ional	lity															
			V/SP/W	(D)																			
**State of Origin (If Natio	onality is Nig	jerian)							-		**Lc	cal	Gove	rnme	ent A	Area	If Natio	nalit	y is N	igeria	n)		
National Identity Numb	er (NIN)			1				**In	terna	tion	al Pa	sspo	ort N	umbe	er (No	n-Nige	rians C	nly)		ı			
*Date of Birth (DD/MM/Y		e date 1	4/01/1970)																			
	1	, ,																					
b* Residential Address House No./Name																							
Street Name																							
Village/Town/City																							
Local Government Area																							
State of Residence																							
c* Correspondence Addr	ess (Whe	re you	would w	ant co	orresp	ond	ence	s sei	nt to)														
Building No./Name																							
Street Name																							
Village/Town/City																							
Local Government Area																							
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State																							
P.O.Box or PMB(if any)									1														
Personal Email Address	; 																-						
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*Mobile No.	<u> </u>				l																		
Tel. No.					l																		
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SECTION 3: EMPLOY	
* Sector classification	on
(Formal Sector Employ	ee(Informal Sector Employees-(Cross Border Employees-03)
b *Employer Name (in F	ull e.g National Pension Commission NOT PenCom)
Employer Name (line 2	2)
c* Employer Address/Bu	isiness Address
Building No./Name	
Street Name	
Village/Town/City	
rmago, rom, ony	
State	
Local Govt Area	
State	
Jiaie	
Country	
d Employee ID/No. (For	mal & Cross-border Employees Only) **Service / ID Number (Police & Paramilitary Only)
Designation/Rank	Office Tel. No.
Official Email Address ((if any)
e Date of First Appointn	ment with Public Sector * Date of Current Employment (Private Sector Only) (DD/MM/YYYY)
Date of First Appointm (DD/MM/YYYY) D D M M Y SECTION 4: Mo	ment with Public Sector * Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M Y Y Y onthly Pension Contribution
Date of First Appointm (DD/MM/YYYY) D D M M Y SECTION 4: Mo	* Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M Y Y Y Onthly Pension Contribution Contribution for Public and Private Sector Employees
SECTION 4: Monthly Total Emolume	* Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M Y Y Y Y onthly Pension Contribution Contribution for Public and Private Sector Employees
Date of First Appointm (DD/MM/YYYY) D D M M Y SECTION 4: Mo a Monthly Pension	* Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M Y Y Y onthly Pension Contribution Contribution for Public and Private Sector Employees
SECTION 4: Monthly Pension Monthly Total Emolume Expected Employer Mo	* Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M Y Y Y Y contribution for Public and Private Sector Employees ent K
Date of First Appoints (DD/MM/YYYY) D D M M Y SECTION 4: Mo a Monthly Pension Monthly Total Emolume Expected Employer Mo	ment with Public Sector * Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M Y Y Y Y contribution for Public and Private Sector Employees ent K contribution K Expected Employee Monthly Contribution K K
Be Date of First Appoints (DD/MM/YYYY) D D M M Y SECTION 4: Mo a Monthly Pension Monthly Total Emolume Expected Employer Mo ** b Voluntary Contribut ** Mandatory for Informs	ment with Public Sector * Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M Y Y Y Onthly Pension Contribution Contribution for Public and Private Sector Employees ent K Expected Employee Monthly Contribution * Expected Employee Monthly Contribution * K Attion (Formal Sector, Informal Sector, & Cross-Border Employees) al & Cross Border Employees
SECTION 4: Monthly Total Employer Monthly Month	ment with Public Sector * Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M Y Y Y Onthly Pension Contribution Contribution for Public and Private Sector Employees ent K Aution (Formal Sector, Informal Sector, & Cross-Border Employees) al & Cross Border Employees K KIN's PERSONAL DATA
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Bection 4: Monthly Pension Monthly Total Emolume Expected Employer Mo Mandatory for Informa SECTION 5: Next of Karana Andrews Andr	* Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M V V V V Onthly Pension Contribution Contribution for Public and Private Sector Employees ant K Contribution K Expected Employee Monthly Contribution K K Stribution (Formal Sector, Informal Sector, & Cross-Border Employees) A & Cross Border Employees K K KIN's PERSONAL DATA
Bection 4: Monthly Pension Monthly Total Emolume Expected Employer Mo Mandatory for Informa SECTION 5: Next of Karana Andrews Andr	# Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M W Y Y Y Onthly Pension Contribution Contribution for Public and Private Sector Employees ant K Contribution
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BECTION 4: Monthly Pension Monthly Total Emolume Expected Employer Mo ** ** ** ** ** ** ** ** **	* Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M Y Y Y Onthly Pension Contribution Contribution for Public and Private Sector Employees ent white in (Formal Sector, Informal Sector, & Cross-Border Employees) al & Cross Border Employees KIN's PERSONAL DATA
SECTION 4: Monthly Pension Monthly Pension Monthly Total Emolume Expected Employer Mo * BECTION 5: Next of Management of Ma	* Date of Current Employment (Private Sector Only) (DD/MM/YYYY) D D M M V V V V Onthly Pension Contribution Contribution for Public and Private Sector Employees ant K Contribution K Expected Employee Monthly Contribution K K Stribution (Formal Sector, Informal Sector, & Cross-Border Employees) A & Cross Border Employees K K KIN's PERSONAL DATA

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	International Mobile/T	al Ni	ımbo	r (if o	nu)																				
	Country Code	si. Nu		ı (ıı aı nber	пу)																				
	+	T-	T																						
	SECTION 6: APPLICA	ANT'S	BIO	MET	RIC/C	CERT	TIFIC	ATIC	N																
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6.a*	Certification by A	pplic	aant																						
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6.a*	l									,-he	reby (certify	tha	t the	infor	matio	on pr	ovide	ed by	me i	n this	s forr	m is ti	ue a	nd co

6.b* Thumbprints
Note: 10 Fingerprints, Photograph and Signature to be captured **ELECTRONICALLY**



SECTION 7: For Official	Use Only			
7.a* Does the Contributor have	e any Physical Challenge? Yes No			
If yes: Tick Type	Partial: Complete:	Others:		
7.b* I hereby certify that the in	PFA/PENCOM Commation given above is correct to t			
This form was administered	ed by: First Name	Signature	D D M M Y Y Y Y Date	
NOTES: * Indicates Mand ** Indicates Condi	atory Fields tional Mandatory Fields			