

INSTRUCTIONS:

All fields must be filled in BLOCK LETTERS

RSA DATA	RECAPTURE FORM

* Refere	ence	Nur	nber		

*	Recent Passport Photo with a
	black & white background.

Name should be written boldly at the back of the Photograph

	Fields marked * are mandator Fields marked ** are conditio	marked * are mandatory. marked ** are conditionally mandatory.																										
	SECTION 1: RSA PIN DETA	ILS																										
*	RSA Status		Ret	iree			Act	ive																				
*	RSA PIN	P	Е	N	9	9	9	9	9	9	9	9	9	9	9	9												
	PFA Name																											
**	Other RSA PINs (Duplicates/	Mult	iple	PIN	ls if	any)																					
	RSA PIN 1	P	Е	N	9	9	9	9	9	9	9	9	9	9	9	9												
	PFA Name 1																					$oldsymbol{ol}}}}}}}}}}}}}}}}}$	Ц_	L	\bot			
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	RSA PIN 3	P	Е	N	9	9	9	9	9	9	9	9	9	9	9	9			_	_			_	_	_			
	PFA Name 3		<u> </u>							_													Щ			Ш		
	SECTION 2: PERSONAL DA	TA																										
*	Title (Mr, Mrs, Miss, Ms)																											
*	First Name																											
*	Surname																											
	Middle Name																											
	Maiden/Former Name																											
*	Gender (M/F)			*	Ma	rital	Stati	us			(M	D/S0	G/DV	//SP	/WI	O)												
*	Nationality																											
**	State of Origin																											
**	LGA of Origin																											
*	Place of Birth (City)																											
	Bank Verification No.																											
*	Nat. ID Number (NIN)																											
*	Date of Birth	D	D	/	Μ	0	N	/	Y	Υ	Y	Y]															
	Physical Challenges																											
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	Are you physically challenged?				느	Yes			느	No				_	1 .													
**	If Yes, pls tick type:					Par	tial			Co	mple	te			Oth	ners												

Residential Address (Perma	nent I	Hom	e or	Pre	sent	Res	sider	ice)																				
* Location		Nig	geria			Ab	road																					
House No./Name																												
Street Name/Desc.																												
** Village/Town/City																												
** Local Govt. Area Code]	**	L.C	i.A.																					
** State of Residence Code]		**	Sta	te																					
* Country of Residence Code]		**	Coı	untry	7																				
** Zip Code																												
P.O.Box or PMB																												
Personal Email Address																												
* Mobile Phone No.	+	2	3	4	-]	(Co	untr	у со	de+	Tel	epho	one N	Vum	ber)			
SECTION 3: EMPLOYME * Sector Classification	NT RI			(Fede	eral (or St	tate)	-01			l _{Cro}	see F	Borde	r Fr	nnlo	Vees	- 04											
** Employer under IPPIS	\vdash	Ye:		(I Cui	ciai	OI 51	No	-01			Jere	/33 L	orac	71 LJ	прю	yccs	- 04											
** Date you joined IPPIS	D	D	J /	М	0	N] / (Y	Y	Y	Y	1																
** IPPIS Number			' 	171		1	<u> </u>	_	1	_	_	<u>.</u> I	Π		<u> </u>	1												
* Employer Name		<u> </u>				<u> </u>						<u> </u>		<u> </u>		<u>.</u> T	_	Π		Т	Π	Т	$\overline{}$	$\overline{}$	_	_		1
* Nature of Business	늗					<u> </u>	\vdash																一	一	一	一		
** Staff ID/Employer No.	늗	<u> </u>	<u> </u>			<u> </u>	\vdash		\vdash		<u> </u>		\vdash							\vdash		\vdash	一	一	一	一		
** Designation/Rank	늗	<u> </u>	<u> </u>	<u> </u>			\vdash		\vdash	<u> </u>	<u> </u>	<u> </u>	\vdash	<u> </u>				_		\vdash	\vdash	\vdash	一	一	一	一		<u> </u>
** Date of First Appointment	D	D	<u> </u>	М		N	<u> </u>	V	V	V	V	 	<u> </u>			<u> </u>			<u> </u>	<u> </u>	!—	<u> </u>			_		<u> </u>	
Date of Current Employment	D	D	<u> </u>	M		N	<u> </u>	V	V	V	V]]																
Date of Confirmation	D	D	1 /	M		N	<u> </u>	V	V	V	V]]																
** Date of Transfer of Service	D	D	/ 	IVI	0	N	/ 	ı V	V	V	ı V]]	(Fo	r Tr	nef	er of	Sam	rice)										
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Date of Retifement		D	_	IVI		IN	_					J	(10	I KC	ınec	S OII	iy)											
Employer Address																												
* Location		Nig	geria			Abı	road																					
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Street Name																												
** Village/Town/City																								\Box				
** Local Govt. Area Code					**	L.C	i.A.																					
** State Code					**	Sta	te																					
* Country Code					**	Co	untry	7																				
** ZIP Code]												
Office Phone No.	+	2	3	4	-]	(Co	untı	у со	de +	Tel	epho	one N	Vum	ber)			
P.O.Box or PMB																												
Official Email Address																												
Name of Institution																												
Faculty/Dept./Unit																												

SALARY STRUCTURE

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Current	,**		\Box																									
SECTION 4: NEXT OF KIN's	s PE	RSO	NAI	L D #	ATA																							
* Title (Mr, Mrs, Miss, Ms)			\Box			*	Gen	der:		Mal	le			Fen	nale							Rece	ent P	assp	ort Pl	10to	with	
* First Name		\Box	\Box																			a wh	ite b	ackg	groun	d.		
Middle Name		\Box	\Box																									
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* Relationship																												
Date of Birth	D	D	/	Μ	0	N	/	Υ	Υ	Υ	Υ																	
NOK's Correspondence Addre	ess																											
* Location		Nige	eria		1	Abro	oad																					
* Country of Residence		Ш	\Box																									Ш
House No./Name		Ш	\Box																									
Street Name		Ш	\Box																									
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SECTION 5: CERTIFICATION * I, hereby, certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission (NIMC) to release my NIN information (as may be required) to the National Pension Commission (PenCom) upon request by my Pension Fund Administrator (PFA - NUPEMCO), for the maintenance and operation of my Retirement Savings Account It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected. * First Name Middle Name * Surname ** Signature (Please Sign within the box below) * Date FOR OFFICE USE ONLY Agent Code Registration Date Agent Name Location **Required Documents For Data Recapture** * Copy of a valid identification (Nat. ID/Nat.Driver's License/Permanent Voters Card (PVC)/data page of the Int. Passport).

* Copy of Staff ID, where available.

* Copy of birth certificate or declaration of age.

* Copy of Letter of First Appointment or Attestation Letter (for public sector employees).

* Copy of Letter of Employment or Letter of Appointment (for private sector employees).