



## TEMPORARY PIN REGISTRATION FORM (TPRF)

\* Recent Passport photo with a black & white background.

### INSTRUCTIONS:

All fields must be filled in BLOCK LETTERS

Fields marked \* are mandatory.

Fields marked \*\* are conditionally mandatory.

### SECTION 1: EMPLOYERS' PERSONAL DATA

* Employer Name																																
* Date of Assumption of Duty	DD - MON - YYYY													(DD-MON-YYYY)																		
* Title (Mr./Mrs./Miss/Ms.)														* Gender (M/F)			* Marital Status			(MD/SG/DV/SP/WD)												
* First Name																																
Middle Name																																
* Surname																																
Maiden/Former Name																																
* Nationality																																
** State of Origin																																
** LGA of Origin																																
* Date of Birth	DD - MON - YYYY													(DD-MON-YYYY)																		

### Physical Challenge

* Are you physically challenged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
** If Yes, pls tick type:	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete	<input type="checkbox"/> Others

### SECTION 2: EMPLOYMENT RECORD

* Sector Classification	<input type="checkbox"/> Public (Federal or State) - 01		<input type="checkbox"/> Private - 02		<input type="checkbox"/> Micro Pension - 03		<input type="checkbox"/> Cross Border - 04																			
* Employer Name																										
<b>Employer Address:</b>																										
* Building No./Name																										
* Street Name																										
* Village/Town/City																										
** Local Govt. Area Code				** L.G.A.																						
** State Code			** State																							
* Country Code			** Country																							
** ZIP Code																										
P.O.Box or PMB																										
* Phone Number	+ 2 3 4 -													(Country code + Telephone Number)												
Employee ID/No.																										
* Designation/Rank																										
** Date of First Appointment	DD - MON - YYYY													(DD-MON-YYYY)												
Date of Current Employment	DD - MON - YYYY													(DD-MON-YYYY)												
Employer Email Address																										

**SECTION 3: EMPLOYER'S CERTIFICATION**

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\* I hereby certify that the information provided above by me is correct to the best of my knowledge.

\* First Name 



  
Middle Name 



  
\* Surname 



  
\* Designation

\* Signature (Please Sign within the box below)



\* Date

D	D	-	M	O	N	-	Y	Y	Y	Y
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**Required Documents For Registration**

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



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



  
\* Copy of birth certificate or declaration of age.

**SECTION 4: PFA's CERTIFICATION**

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PFA Code

\* I hereby certify that the information provided by the employer is correct to the best of my knowledge.

This form was administered by:

\* First Name 



  
Middle Name 



  
\* Surname 



  
\* Designation

\* Signature

\* Date

D	D	-	M	M	M	-	Y	Y	Y	Y
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Reference Nummber