

TEMPORARY	PIN	REGISTE	RATION	FORM	(TPRF

INSTRII	CTIONS:

All fields must be filled in BLOCK LETTERS Fields marked \* are mandatory.
Fields marked \*\* are conditionally mandatory.

*	Recent Passport photo with	
	a black & white background.	

SECTION 1: EMPLOYERS'	PERSO	ONA	L D	AT/	١																							
* Employer Name																												
* Date of Assumption of Duty	D	D	  -	Μ	0	N	-	Y	Y	Y	Υ		(DE	)-M(	ON-	YYY	Y)											
* Title (Mr./Mrs./Miss/Ms.)					*	Gen	der	(M/	F)				*	Maı	rital	Statı	ıs			(MI	D/SC	j/DV	//SP	/WI	D)			
* First Name																												
Middle Name																												
* Surname																												
Maiden/Former Name																												
* Nationality																												
** State of Origin																												$\overline{}$
** LGA of Origin																												F
* Date of Birth	D	D	- I	Μ	0	N	-	Y	Y	Y	Y		(DE	)-M	ON-	YYY	Y)											
Physical Challenge																												
* Are you physically challenged?					Yes	3			No																			
** If Yes, pls tick type:					Part	tial			Cor	nple	te			Oth	ers													
SECTION 2: EMPLOYMENT	Γ REC	ORI	)																									
* Sector Classification		Pub	lic (l	Fede	eral o	or St	ate)	- 01			Priv	ate -	- 02			Mic	ro Po	ensio	on - (	)3			Cro	ss B	orde	er - 0	4	
* Sector Classification * Employer Name		Pub	olic (l	Fede	eral o	or St	ate)	- 01			Priv	ate -	- 02			Mic	ro Po	ensio	on - (	)3			Cro	ss B	orde	er - 0	4	
* Employer Name		Pub	olic (1	Fede	eral o	or St	ate)	- 01			Priv	ate -	- 02			Mic	ro Po	ensio	on - (	03			Cro	ss B	orde	er - 0	4	
* Employer Name  Employer Address:		Pub	olic (I	Fede	eral o	or St	ate)	- 01			Priv	ate -	- 02			Mic	ro Po	ensio	on - (	)3			Cro	ss B	orde	er - 0	4	
* Employer Address:  * Building No./Name		Pub	lic (I	Fede	eral o	or St	ate)	- 01			Priv	rate -	- 02			Mic	ro Po	ensio	on - (	)3			Cro	ss B	orde	er - 0	4	
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* Employer Name  Employer Address:  * Building No./Name  * Street Name		Pub	olic (I	Fede		Dr St		- 01			Priv	rate ·	- 02			Mic	ro Po	ensic	on - (	)3			Cro	ss B	orde	er - 0	4	
* Employer Name  Employer Address:  * Building No./Name  * Street Name  * Village/Town/City  ** Local Govt. Area Code		Pub	olic (J	Fede	**		.A.	- 01			Priv	ate -	- 02			Mic	ro Pe	ensic	on - (	)3			Cro	sss B		er - 0	4	
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SECTION 3: EMPLOYER'S CERTIFICATION																															
* I hereby certify that the information	ı pro	video	d ab	ove	by n	ne is	cori	rect	to t	he l	bes	t of	my l	knov	vled	ge.															
* First Name																									$\mathbb{I}$	$\Box$					
Middle Name																		Ι							Ι	$\Box$					
* Surname										Ī									Ī						I	I					
* Designation																									I	$\Box$	$\Box$				
* Signature (Please Sign within the box below)  * Date  D D - M O N - Y Y Y Y																															
* Copy of a valid identification (Nat.  * Copy of Staff ID, where available.  * Copy of Letter of First Appointmer  * Copy of Letter of Employment or L  * Copy of birth certificate or declarat  SECTION 4: PFA's CERTIFICA	ID/N nt or A Letter tion o	Nat.D Attes of A	stati Appo	on L	ette	r (fo	r pul	blic	sec	tor	em	ploy	yees)	).	)/dat	a pa	ge o	f th	e In	t. P	'ass <sub>]</sub>	port	).								] ] ] ]
PFA Code	$\overline{\Box}$	一																							_	_					
* I hereby certify that the information This form was administered by:	ı pro	video	d by	the	emp	oloye	r is	cor	rect	to t	the	best	ofr	ny k	now	/ledg	ge.														
* First Name		Ш																							$\perp$	$\Box$					$\Box$
Middle Name																									m I	$\Box$					
* Surname																									$\mathbb{I}$	$\Box$					
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* Signature																*	Da	te		D	D	-	М	[ M	I N	1	-	Y	Y	Y	Y

Reference Nummber