APPENDIX A

EXISTING CONTRIBUTOR/RETIREE RECAPTURING FORM

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS

	SECT	TION 1: RETIREMEN	T SAVIN	NGS	ACC	OUN	T PE	RSO	NAL	IDE	NTIFIC			IBEF	R (RS	A PI	N)H	OLD	ER'S	DET	AILS	3						
1a	*	RSA PIN	Р	Е	Ν		Т											1										
1b	*	PFA Name	·	_								1				1										I		
		Employer Name									1	1				1						1	1					
1c	*	Employer Code														Ĺ		To k	be pr	ovid	ed by	y the	PFA	•				
		Other RSA PINs (If	Δηγ)																									
1d		PINs	P P	Е	Ν													1										
		PFA Name	-	_																								
		PINs	Р	Е	Ν																							
		PFA Name																										
		PINs	Р	Е	Ν														r	1	r			r				
		PFA Name																										
		If other PINs are more than 3, please attach a listing																										
	SECT	CTION 2: PERSONAL DATA																										
		Recent Passport Photo (with a white background)																										
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	*	Surname	Г									1						[T	1					
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	*	First Name	Γ]					-	sport
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		Middle Name																				l						
	*	Mother's Maiden Na	ame																			I						
	*		•••										*															
	Î	Gender(M/F)	*Marital											Nati	onal	Ident	ity Νι	umbe	er (NI	N)	1	1	1	1				
					(IVID/	/SG/L	DV/SF	/VVL))																			
	*	Bank Verification N	lumber	(BVN	1)								**	Inter	rnatio	onal F	Passo	ort N	lumb	er (N	on-N	liaeri	ans C) Dnlv)				
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	*	Date of Birth (DD MON YYYY)*Sample Date 14 SEP 1970 * Nationality																										
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2.b	*	Residential Addre	SS																									
	*	House No./Name		[1						1						
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	*	Street Name		L									1		L		I		I		I			I				
	*	Village/Town/City		[L						L		L			L				
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	*	Local Government Ar	rea Code	Э																								
	*	State of Residence	Code	[
	*	Country of Residen	ice Cod	е																								
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2.c	*	Correspondence		s (Bu	uildin	g Adr	ess o	r P.C).Bo	x/P.	M.B, W	here yo	ou wo	uld w	ant c	orres	spond	dence	es se	nt to)		1	<u> </u>		,			
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	*	Street Name		[
	*			- r								1				1						1						
		Village/Town/City										1	1		1	1	1	1	1		1	1	1	1				

	*	Local Government Area Code
	*	State Code
		P.O.Box or PMB(if any)
	**	Country Code
	**	Zip Code
		Personal Email Address
	*	Mobile No. (Local)
	**	Mobile No. (International If any)
	SECT	TION 3: EMPLOYMENT RECORD
	*	
3.a 3.b	*	Sector classification (Formal Sector Employees-01) (Informal Sector Employees-04) (Cross Border Employees-05)
		Employer Name (in Full e.g National Pension Commission NOT PenCom)
3.c	*	Current Business Location / Address
	*	Building No./Name
	*	Street Name
	*	Village/Town/City
	*	Local Government Code
	*	State Code
	**	Country Code
	**	Zip Code Image: Code
3.d	**	International Mobile / Telephone Number (If any) Country Code
3.e		Nature of Business (For Informal Sector Employee Only)
3.f		Employee ID/No. (Public, Private Sectors, CPFA, AES & Cross-border Employees Only) ** Service / ID Number (Police & Paramilitary Only)
5.1		
		Designation/Rank Office Tel. No.
		Official Email Address (if any)

3.g	**	Date of First Appointment with Public Sector 3.h ** Date of Current Apppointment (Public Sector Only) (DD MON YYYY) (DD MON YYYY) (DD MON YYYY) D D M Y Y Y
3.i	**	Date of Retirement 3.j The provided of the provided o
	SECT	TION 4: SALARY STRUCTURE
4a	Harm	sury Funded Agencies Only) Consolidated Salary Structure as at 2007 Consolidated Salary Structure as at 2010 Image: Structure as at 2004 Consolidated Salary Structure as at 2007 Consolidated Salary Structure as at 2010 Image: Structure as at 2005 (e.g CONPSS, CONTISS) Consolidated Salary Structure as at 2010
		at June 2004 Step as at June 2004 GL as at Jan 2007 Step as at Jan 2007 GL as at 2010 Step as at 2010
		Image: Second
	SECT	ION 5: NEXT OF KIN'S DATA
5.a	*	Next of Kin's Details
	*	*Gender(M/F) *Title (Mr, Mrs,Miss & Ms)
		First Name
	*	
		Middle Name
		Relationship
	*	
5.b	*	Correspondence Address
	Î	House No./Name
	*	Street Name
	*	Village/Town/City
	*	Local Government Area
	*	State of Residence
	*	Country (If based abroad)
	*	Zip Code/Postal Code (If living abroad)
		Email
		Mobile/Tel. (Local No. If Any)
	*	
5.c		International Mobile/Tel. Number (If Any) Country Code Number
		+

SECTION 6: EMPLOYER'S CONFIRMATION
 I confirm that the within-named person is/was an/a employee/retiree of and the information provided by him/her is true and correct to the best of my knowledge.
Name of Staff *
* Date (DD MON YYYY) * D D M O N Y Y
SECTION 7 : APPLICANT'S BIOMETRIC/CERTIFICATION
7.a * Certification by Employee
* I hereby certify that the information provided by me in this form is true and correct.
 * Signature (Please sign within the box) * Date:
7.b * Note: 10 Fingerprints, Photograph and Signature to be captured ELECTRONICALLY
SECTION 8: For Official Use Only
8.a * Does the Contributor/retiree have any Physical Challenge?
Yes No
If yes: Tick Type Partial: Complete: Others:
8.b * PFA CERTIFICATION
* PFA CODE
I hereby confirm that the information above are as given by the within named contributor/retiree and that all original documents have been sighted.
This form was administered by:
Surname Image: Surname First Name Image: Surname
Date D M O N Y Y Y Y Signature
NOTES:
Indicates Mandatory Fields Indicates Conditional Mandatory Fields