

HIGH COURT OF THE FEDERAL CAPITAL TERRITORY Plot 426, Tigris Crescent, Maitama, P.M.B 89 Abauja

PERSONNEL DATA (CIVIL SERVANTS)



PLEASE READ THIS FIRST

This revised form requests for your personnel and salary data for the year 20...... Please personally complete in capital letters with blue or black ink. Read guidance notes overleaf and supplyall information as required. The Court will use the data you provide for your emolument record without interviewing you. Hence, ensure your date is accurate. The Court will keep a confidential copy of your signature in a format. It will be used to prevent anyone from impresonating your record in future.

RETURN COMPLETED FORM THROUGH YOUR HEAD OF UNIT FOR SIGNATURE.

Affix Passport photograph

Part A PERSONNEL DATA - TO BE COMPLETED BY ALL STAFF						
1. Staff ID;	1.01B TIN No: 5.1 Date of Birth D D M M Y Y Y G.1 State of Origin					
2.1 Surname:	(DD-Day: MM-Month; YYYY-Year)					
	5.2 Sex (Mark X as appropriate) 6.2 Local Government					
2.2 Middle Name:	Male Female					
2.3 Other Name:	5.3 Marital Status (Mark X as appropriate) 7.1 Date of 1st Appointment					
	Married Widowed D D M M Y Y Y Y Divorced Single 7.2 Position/Rank on 1st Appointment					
3.Residential Address (D	o not use P.O. Box/P.M.B)					
	7.3 GL/Step on 1st Appointment					
4.1 Department	4.2 Unit/Section 8 Date of Confirmation of Appointment					
4.3 Location	(DD - Day: MM - Month; YYYY - Year)					
9.1 Present Appointme	ent 9.2 Date of Present Appointment 9.3 GL/Step					
10 Qualification	11 Phone Numbers					
12 Do you occupy Covo	rnment quarters? Yes No (If Yes, State House Number And Correct Address					
12 Do you occupy Gove	rnment quarters? Yes No (If Yes, State House Number And Correct Address					
Part B	FINANCIAL DATA - TO BE COMPLETED BY ALL STAFF					
Employment Details	1.2 Banks Branch Address 1.3 Bank Account Number					
1.1 Bank Name	1.3 Bank Account Number					
3.1 Pension Fund Adm	inistrator 3.2 PIN Number					

4 N.H.F. Registration Number			5 Association(s)				
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Part C LIABILITY STATUS -		S - TO BE COMP	LETED BY ALL ST	AFF			
	Date	Type/Nature of Liability	Total Sum	Monthly Deduction	End Date		
E							
Part D DECLARATION ATTESTATION							
1. I							
Part 1 Personal Data - to be completed by all Staff							
Staff ID: This is your Personnel File Number. Write as it appears in your records with the personnel department e.g. FCT/JD/PER/XXX where XXX Stands for your ID No.							
Name: Do NOT write any title e.g. Mr. Mrs. Alhaji etc							
Part 2 Financial Data - to be completed by all Staff							
1.2 Bank Branch Address: This is the location of your bank e.g Area 7, Garki, Abuja etc. Do NOT only write Abuja. There may be several branches of your bank within Abuja Please, specify the street and district. 2. TIN No: This is your Tax Identification Number (PAYE)							

- 2. TIN No: This is your Tax Identification Number (PAYE)
- 3.2 Personal Identification Number (PIN): This is your personal identification number given to you by your Pension Fund Administrator
 - Signature: Use blue/black ink to sign a clear representation of your signature, Thumb print if can't sign.
- 4.1 Department: This is the dept to which you are assigned to work in the Court. Select one from: Hon. Chief Judge Chamber, Chief Registrar Office, Accounts, Administration, Litigation, Magistracy, Alternate Dispute Resolution (ADR), Planning Research & Statistics (PRS), Training, Probate, Library and ICT.
- 5. Association: Indicate if you belong to any of the under listed associations:
 - a. Chief Registrars Association of Nigeria (CRAN)
 - b. Magistrates Association of Nigeria (MAN)
 - c. NONE Please write NONE in the box if you do not belong to any