



29 Durban Street
Off Adetokunbo Ademola Crescent
Wuse II, Abuja
Tel: 09-4613333
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Recent Passport
Photograph

Client Familiarity Index Form

Date: _____

PEN

SECTION A: PERSONAL DATA	SECTION B: EMPLOYMENT DATA
Surname: _____ First Name: _____ Middle Name: _____ Date of Birth: _____ Place of Birth: _____ Gender: _____ Marital Status: _____	Employer name: _____ _____ Dept/address: _____ _____ File ID: _____ Designation: _____
State of Origin: _____ Local Govt Area: _____ Phone number: _____ Email address: _____ Current Home Address: _____ _____ Postal Address: _____ _____ Permanent Home Address: _____ _____ Proposed Address after retirement: _____	SECTION C: SPOUSE DATA Surname: _____ First Name: _____ Middle Name: _____ Phone Number: _____ E-mail address: _____ Date of Marriage: _____ Current Home Address: _____ _____ State: _____ Permanent Home Address: _____ _____ _____



<hr/> <hr/>	State: <hr/>
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Public Sector

Private Sector

Informal Sector

Total Annual Emolument (Basic)

(Transport)

(Housing allowances):

Rate of Contribution (Employer):

Rate of Contribution (Employee):

Salary Scale: (Public Sector only)

Grade / Step level (Public Sector only)

SECTION D: NEXT OF KIN DETAILS

Surname:

 First Name:

Middle Name:

 Relationship:

Phone Number:

 Email Address:

Current Home Address:

Permanent Home Address:

L.G.A

 State:

And to ensure a more effective delivery of your RSA Statements, kindly inform us if we may use your e-mail address for your statement delivery.

YES

NO

Mandatory; Attach the following documentary evidence:



1. A Photocopy of your employment letter
2. Birth certificate / Age declaration
3. ID Card from employer

Attach any one of the following Personal identification documents:

1. Bio-data page of current international passport
2. Present official / Company identification card
3. Current drivers license
4. Inland revenue tax clearance certificate
5. Current national identity card.
6. Current utility Bill
7. Bank statement containing current address
8. Recent tenancy agreements

DECLARATION

With this I request that my information herein be corrected and updated in Sigma Pensions Database

Name: _____ **Signature:** _____ **Date:** _____