



PDS/...../

KWARA STATE PENSIONERS DATA FORM

SECTION A: IDENTITY INFORMATION

Pensioner's ID-No:
First Name:
Middle Name:
Surname:
Pensioner's Serial No:.....
File No:.....

Nationality..... Permanent Home Address:.....
.....
.....

State of Origin:

L.G.A of Origin: Town:.....

Passport No:.....

License No:..... Full Residential Address:

Post Applied for:.....
(at time of employment)

Phone (GSM) No:..... Alternate GSM No:.....

SECTION B: OFFICIAL INFORMATION

Position on Employment:..... Current Pension (PM):.....

Date of Employment: Current Pension (PA):

Salary on Employment: BVN:

Date Confirmed: Department:

Last Promotion Date: Salary Grade Level:.....Step:.....

Bank: Are you a State Pensioner :

Bank Account No: Are you a Local Government Pensioner :

Location/Address of Bank:.....Ministry/Parastatal (Where retired).....
.....

Length of Service: Years.....Months:.....

Position/ Rank on retirement..... Grade Level on Retirement.....

Effective Date of Pension:

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SECTION C: PERSONAL INFORMATION

Date of Birth: Blood Group:

Place of Birth:..... Genotype (Optional):

Gender:Marital Status: Referee's Name/Address:.....

No of Children:
.....

In partnership with...



For more information, please visit
www.kwarastate.gov.ng

Please Turnover



PART B: NEXT OF KIN (NOK) DATA

Name of Next of Kin:..... Phone (GSM) No:.....
Address of Next of Kin:..... Relationship with Next of Kin:.....

Signature/Right Thumb Print

Date:.....

SECTION D: DECLARATION

I.....hereby declare that the information provided is accurate and truthful, to the best of my knowledge.

Sign.....

Date.....

Signed:

	NAME	SIGNATURE	DATE
VERIFIER/AUTHORIZATION			
DIRECT SUPERVISOR			
HEAD OF DEPARTMENT			

In partnership with...

