OFFICE OF THE SECRETARY TO THE GOVERNMENT OF THE FEDERATION
PERSONAL EMOLUMENT FORM FOR THE YEAR 2019.

Affix Passport

In accordance with FR 1529, every Officer is expected to fill this form and return it on or before *31st January 2019*. Failure to do so, the Officer's name will be suspended from the IPPIS platform immediately.

1. FILE No. ..... IPPIS No .....
2. Surname.....Other Names.....
3. Phone No……Email Address……
4. Present Substantive Rank .....
5. Salary Grade Level/Step..... Salary PA.....Salary P/M = N=.....
6. Present MDA ..... Dept……. Division/ Section.....
7. MDA where Salary is Domicile……
8. Date of Last Promotion .....Incremental Date .....
9. Date of First Appointment.....Ag Appt.....
10. Bank Name..... Branch.....
11. Account No..... Sort Code.....
12. Nationality..... State of Origin.....LGA……
13. Date of Birth.....Sex .....
14. Marital Status.....No of Children .....
15. Residential Address as at first Jan, 2019.....
    ……
16. Date: Housing Loan Granted..... Amount Granted =N=.....
17. Monthly Deduction =N=.....Date loan Ended.....
18. Date: MV/Refurbishing Loan Granted..... Amount Granted =N=.....
19. Monthly Deduction =N=.....Date Loan Ended.....
20. Date: Salary Advance/Granted..... Amount Granted =N=.....
21. Monthly Deduction =N=.....Date loan Ended.....
22. National Housing Fund No. .....
23. Name of Pension Administrator.....PENCOM No.....
24. Signature of Officer.....Date……
25. Name of Head of Section…… Signature/Date……

COUNTERSIGNED BY HEAD OF DEPT.

Name.....

Rank .....

Signature/Date.....

APPROVED BY DIRECTOR HRM

Name……

Rank……

Signature/Date.....

OFFICE OF THE SECRETARY TO THE GOVERNMENT OF THE FEDERATION

PERSONAL BIO DATA FORM

Affix Recent Passport

PARTICULARS	DETAILS
FILE/ID NO.	
SURNAME	
FIRST NAME	
OTHER NAMES	
STATE OF ORIGIN	
LOCAL GOVERNMENT AREA	
DESIGNATION/RANK	
GRADE LEVEL/STEP	
IPPIS NO.	
BANK	
ACCOUNT NO	
QUALIFICATION	
DATE OF BIRTH	
DATE OF FIRST APPOINTMENT.	
DATE OF CONFIRMATION OF APPT.	
DATE OF PRESENT APPOINTMENT	
PRESENT MDA	
PRESENT LOCATION (eg Lagos, Abuja etc)	
MDA WHERE SALARY IS DOMICILE	
OFFICE (eg CS,GSO,SSO,EFO, etc.)	
DEPARTMENT	
SECTION	
MOBILE PHONE NUMBER	
EMAIL ADRESS	

NOTE: you are expected to come along with originals of your credentials during the exercise.

Officers signature……Date……

Name of Sectional Head……Rank……..Signature/Date…….

Name of Supervisor……..Rank……Signature/Date……

Name of Head of Department……Rank…….. Signature/Date…….