



\* Reference Number

\*   
 \* Recent Passport photo with a black & white background.

**CONTRIBUTOR REGISTRATION/TEMPORARY PIN REGULARIZATION FORM**

**INSTRUCTIONS:**

All fields must be filled in **BLOCK LETTERS**  
 Fields marked \* are mandatory.  
 Fields marked \*\* are conditionally mandatory.

**SECTION 1: PERSONAL DATA**

\* Registration Type  New Employee or  Temporary PIN (TPIN)

\*\* TPIN (if applicable)

\* Title (Mr/Mrs/Miss/Ms)     \* Gender (M/F)  \* Marital Status   (MD/SG/DV/SP/WD)

\* First Name

Middle Name

\* Surname

Maiden/Former Name

\* Nationality

\*\* State of Origin

\*\* LGA of Origin

\* Place of Birth (City)

Bank Verification No.

\* Nat. ID Number(NIN)

\* Date of Birth    -     -                (DD-MON-YYYY)

**Physical Challenge**

\* Are you physically challenged?  Yes  No

\*\* If Yes, pls tick type:  Partial  Complete  Others

**Residential Address (Permanent Home or Present Residence)**

\* Location  Nigeria  Abroad \*\* ZIP Code

\* Country of Residence Code   \* Country

\*\* State of Residence Code   \*\* State

\*\* Local Govt. Area Code    \*\* L.G.A.

\*\* Village/Town/City

House No./Name

Street Name/Desc.

P.O. Box or P.M.B

\*\* ZIP Code

Email Address

\* Mobile Phone No.  +                     (Country code + Telephone Number)

Alternate Phone No.

Int'l Phone No (if any)  +                     (Country code + Telephone Number)

**Correspondence Address (Building address or P.O.Box where correspondences would be sent to)**

\* Country

\*\* State

\*\* Local Govt Area

\*\* Village/Town/City

House No./Name

Street Name/Desc.

P.O.Box or PMB

\*\* ZIP Code

Email Address

\* Mobile Phone No.  +      -       (Country code + Telephone Number)

Alternate Phone No.

Int'l Phone No (if any)  +      -       (Country code + Telephone Number)

**SECTION 2: EMPLOYMENT RECORD**

\* Sector Classification  Public (Federal or State) -01  Cross Border Employees - 04

\*\* Employer under IPPIS  Yes  No

\*\* Date you joined IPPIS    -     -

\*\* IPPIS Number

\*\* Employer Name

\* Nature of Business

Staff ID/Employee No

\*\* Designation/Rank

\*\* Date of First Appointment    -     -

Date of Current Employment    -     -

Date of Confirmation    -     -

\*\* Date of Transfer of Service    -     -       (For transfer of service)

**Current Office Address/Location**

\* Location  Nigeria  Abroad

\* Country Code   \*\* Country

\*\* State Code   \*\* State

\*\* Local Govt. Area Code    \*\* L.G.A.

\*\* Village/Town/City

\*\* Name of Institution

\*\* Faculty/Dept/Unit

Building No./Name

Street Name

P.O.Box or PMB

\*\* ZIP Code

Official Email Address

Office Phone No.  +      -       (Country code + Telephone Number)

**SECTION 3: SALARY STRUCTURE**

	** Harmonized Salary Structure (eg HAPSS, HATISS, etc)	** Grade Level	** Step
2004	<input type="text"/>	<input type="text"/>	<input type="text"/>
	** Consolidated Salary Structure (eg CONTISS, CONUASS, CONUATSS, CONPASS e.t.c.)	** Grade Level	** Step
2007	<input type="text"/>	<input type="text"/>	<input type="text"/>

	** Enhanced Consolidated Salary Structure	** Grade Level	** Step
2010	<input type="text"/>	<input type="text"/>	<input type="text"/>
2013	<input type="text"/>	<input type="text"/>	<input type="text"/>
2016	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 4: NEXT OF KIN'S PERSONAL DATA**

\* Title (Mr,Mrs,Miss, Ms)  \* Gender:  Male  Female

\* First Name

Middle Name

\* Surname

\* Relationship

\* NOK's Telephone  (Country code + Telephone Number)

NOK's Email Address

Date of Birth

**NOK's Correspondence Address (Permanent Home or Present Residence)**

\* Location  Nigeria  Abroad

\* Country Code  \*\* Country

House No./Name

Street Name

\*\* Village/Town/City

\*\* Local Govt Area

\*\* State of Residence

ZIP Code

P.O.Box / P.M.B

\* Int'l Phone No.(if any)  (Country code + Telephone Number)

**SECTION 5: CERTIFICATION**

\* I, hereby certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission (NIMC) to release my NIN information (as may be required) to the National Pension Commission (PenCom) upon request by my Pension Fund Administrator (PFA - NUPEMCO), for the maintenance and operation of my Retirement Savings Account

It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected.

\* First Name

Middle Name

\* Surname

Designation

\*\* Signature (Please Sign within the box below)

\* Date

\* Recent Passport photo with a black & white background.

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**FOR OFFICE USE ONLY**

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Registration Date

D	D	/	M	M	/	Y	Y	Y	Y
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Agent Code

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**Required Documents For Registration**

- \* Copy of a valid identification (Nat. ID/Nat.Driver's License/Permanent Voters Card (PVC)/data page of the Int. Passport).
- \* Copy of Staff ID, where available.
- \* Copy of Letter of First Appointment or Attestation Letter (for public sector employees).
- \* Copy of Letter of Employment or Letter of Appointment (for private sector employees).
- \* Copy of birth certificate or declaration of age.

<input type="checkbox"/>
<input type="checkbox"/>
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