

MEMBER BIO -DATA COLLECTION AND VALIDATION FORM

All Sections Marked (*) must be completed by a Member

| Payroll Number (IPPS/Employee No.) * | Member Number* | University Personal File Numb |
|--------------------------------------|-----------------------|---|
| | | |
| Surname* | First Name* | Other Names |
| Gender* | Date of Birth* | Marital Status |
| | | |
| Telephone* | Alternative Telephone | Email* |
| | | |
| Physical Address* | Next of Kin: Name | Next of Kin: Telephone Contac |
| | | |
| University Department | Date of Employment | Association* (MUASA, MASA, NUEI, Other) |
| Data of Islania Calana | Designation | |
| Date of Joining Scheme | Designation | |
| | CONFIRM that the | information provided on this form is |
| correct and accurate. | CONFIRM that the | |

Section B: For Official use only

I-LIST OF CHANGES MADE AT DATA VALIDATION

| S/n | Field | Provided by member | Changed to |
|-----|------------------------|--------------------|------------|
| 1. | Member Number | | |
| 2. | Employee No. | | |
| 3. | Surname | | |
| 4. | Other Names | | |
| 5. | Date of Birth | | |
| 6. | Date of Employment | | |
| 7. | Date of Joining Scheme | | |
| 8. | Email | | |
| 9. | Phone No. | | |
| 10. | File No. | | |
| 11. | Department | | |
| 12. | Association | | |

II-CONFIRMATIONS

| Activity | Name | Signature | Date |
|---|------|-----------|------|
| Data Collected by: | | | |
| Confirmation that Date of Birth provided on form collated with that on National ID: | | | |
| Data entered into MIS system: | | | |
| First Check of data in the system by DCO: | | | |
| Confirmation Check of data in the system by PPO: | | | |