



SENIOR STAFF SCHEME (UNILAG) CMS

UNIVERSITY OF LAGOS

MEMBERSHIP APPLICATION FORM

Affix two passport photos
here (use pin please)

FULL NAME: _____

DEPARTMENT: _____ DESIGNATURE: _____

E-MAIL: _____ DATE OF EMPLOYMENT: _____

FILE NO. _____ IPPIS _____ DATE OF BIRTH: _____

BANK: _____ ACCOUNT NO: _____

PERMANENT CONTACT ADDRESS _____

TELEPHONE NO. _____

NEXT OF KIN _____

ADDRESS OF NEXT OF KIN _____

TELEPHONE: _____ RELATIONSHIP: _____

Declaration

I hereby certify that the information given in this application are true to the best of my knowledge and that I shall abide by the rules and regulations guiding the operation of the welfare Scheme.

Applicant's signature/Date _____

ACCOUNT DETAILS

NAME: SENIOR STAFF SCHEME (UNILAG) CMS

UBA 1021590491;

FBN 2033707513;

ACCESS : 0788396423

For official use only

Application No. _____

Date received _____

Remarks _____

Registration no. _____

Secretary signature _____

chairman signature _____



SENIOR STAFF SCHEME (UNILAG) CMS
UNIVERSITY OF LAGOS

Date:.....

Thru: Financial Secretary
Snr Staff Scheme
University of Lagos

To: The Bursar
University of Lagos
Akoka

Dear Sir,

AUTHORITY TO DEDUCT FROM MY SALARY (CONTRIBUTION)

Please deduct from my salary the sum of ₦.....
..... for the credit of Senior Staff Scheme (Unilag) CMS,
with effect from

Yours faithfully

Name _____

Designation _____

Dept./unit _____

Signature _____

File No. _____