



Plot 2, Oba Akran Avenue, Ikeja, P.O. Box 56276 Falomo Ikoyi, Lagos, Nigeria.
Tel: 0700AIICOPFA (070024426732).

CHANGE OF EMPLOYMENT FORM

This form is used to record a contributor's movement from one employment to another in accordance with section 13 of the Pension Reform Act 2004.

CONTRIBUTOR'S DETAILS:

PIN

Surname:

First Name: **Middle Name:**

Previous Employer:

Name:

Address:

Date Left:

New Employer:

Name:

Address:

Date Joined: **Department:**

Employer RC Number: **Employer Code:**

Taxpayer ID number of the company:

Employee ID Number:

Contact Person: Tel:

MODE OF RECEIVING RSA STATEMENTS

POST

E - MAIL

Authorization:

I hereby authorize Aiico Pension Manager Limited to change my employment details as contained in this form.

Signature: **Date:**

FOR OFFICIAL USE ONLY:

Reason for Change.....

Name of Operator..... **Date**.....

Supervisor's Signature..... **Date**.....