CIRCULAR

Ref. No. 58786/S.14/C.2/AB/266

Office of the Secretary to the Government of the Federation, The Presidency, Shehu Shagari Complex, Three Arms Zone, Abuja.

2nd September, 2019.

All Honourable Ministers,

All Presidential Aides.

DOCUMENTATION OF POLITICAL OFFICE HOLDERS AND IPPIS ENROLLMENT

I wish to congratulate you on your appointment and to inform you that you are required to enroll into the Integrated Personnel Payroll Information System (IPPIS) Platform for the payment of your salary.

- 2. To facilitate the enrollment, you are kindly requested to complete the IPPIS Online Registration Form and thereafter submit to the Permanent Secretary (General Services Office), Office of the Secretary to the Government of the Federation, the under-listed documents to enable the Office process your remuneration:
 - i. Online IPPIS Registration Form;
 - ii. Assumption/ Resumption of Duty Certificate; and
 - iii. Two (2) Nos. recent passport photographs.
- 3. Kindly submit the copy of the completed Online Registration Form by Wednesday 4th September, 2019 to enable me arrange for enrollment and subsequent Biometric Capturing Scheduled for Monday 9th to 13th September, 2019 in the Conference Room of the SGF at 11am daily.
- 4. The returning Ministers and Presidential Aides are only required to complete and submit the Assumption of Duty Certificate except where there has been fundamental change in status and/or personal details.
- 5. Please accept the assurances of my highest consideration and regards.

Olusegun A. Adekunle, Esq. (KJW)

Permanent Secretary (GSO)



THE PRESIDENCY OFFICE OF THE SECRETARY TO THE GOVERNMENT OF THE FEDERATION

PARTICULARS & PERSONNEL DATA FORM FOR NEWLY APPOINTED POLITICAL OFFICE HOLDER

FILE NO: IPPIS NO.:			
OFFICER'S NAME: Surname First Name Middle Name	Recent Passport		
DECORATION/ TITLE: GENDER: MARITAL STATUS:	Photograph		
MAIDEN NAME: MOTHER'S SPOUSE NAME: PAIDEN NAME: MAIDEN NAME:			
DESIGNATION/RANK: BLOOD	GROUP:		
SALARY GRADE LEVEL: STEP:			
DATE OF BIRTH: Day / Month / Year DATE OF 1 ST APPT.: Day / Month	/ Year		
DATE OF CONFIRMATION: Day / Month / Year DATE OF PRESENT APPT.: Day / Month	h / Year		
HOME TOWN/PERMANENT HOME ADDRESS:			
STATE OF ORIGIN: OCAL GOVT. AREA: PLACE OF BIRTH:			
RESIDENTIAL ADDRESS (IN FCT):			
TRIBE: NATIONALITY: RELIGION:			
FORMER MDA: Name of Ministry/Department/Agency FILE NO:			
OFFICE: DEPARTMENT: DIVISION/UNIT:			
PRESENT POSTING: Name of Ministry/Department/Agency			
OFFICE: DEPARTMENT: DIVISION/UNIT:			
AND OF ACCUMPTION IN COCE.			
DATE DEPLOYED TO OSGF: Day / Month / Year DATE OF ASSUMPTION IN OSGF:			
CURRENT SALARY PAYPOINT: Name of Ministry/Department/Agency			
GSM/PHONE No:			

S/N NAME	DATE OF BIRTH
BANK DETAILS	
BANK TYPE:	BANK NAME:
DANK DRANCH	ACCOUNT TYPE:
BANK BRANCH:	ACCOUNTIFIC
ACCOUNT NAME:	
ACCOUNT NO:	
NEXT OF KIN	
NAME:	NAME:
ADDRESS:	ADDRESS:
GSM/PHONE NO:	GSM/PHONE NO:
RELATIONSHIP:	RELATIONSHIP:
OFFICER'S SIGNATURE & DATE:	·
FOR OFFICIAL USE ONLY	
PREPARED FOR DOCUMENTATION BY	PREPARED FOR NOMINAL ROLL BY:
NAME:	NAME:
SIGNATURE:	SIGNATURE:
DATE: Day / Month/ Year	DATE: Day / Month/ Year

1. Letter of Appointment (Photocopy) 2. Two (2) Passport Photographs 3. Birth Certificate or Declaration of Age



OFFICE OF THE SECRETARY TO THE GOVERNMENT OF THE FEDERATION (OSGF) GENERAL SERVICES OFFICE HUMAN RESOUCES MANAGEMENT DEPARTMENT

REVISED 1985 FEDERAL GOVERNMENT OF THE FEDERATION ASSUMPTION/RESUMPTION OF DUTY CERTIFICATE

NAME OF OFFICER:	
APPOINTMENT:	
DATE ASSUMED/RESUMED DUTY:	
POSTING:	
	Signature of Officer
I certify that the above Information is correct.	
	Head of Department
Signature must be authorized	
Officer Stamp	
Date:	