



**NIGERIA SOCIAL INSURANCE TRUST FUND**  
INFORMAL SECTOR INDIVIDUAL ENROLMENT FORM

Name of Contributor  Tick as Appropriate: Principal  Secondary

Gender: Male  Female  Title  State of Origin  L.G.A

Surname

First Name

Middle Name

National I.D

Contact Address of Contributor

Age  Marital Status: Single  Married  Divorced  Number of Children

Nature of work

Form of Identification Driver's License  National I.D  Voter's Card  Others /Specify

Name of Association/Union

Address of Association's Office

Average Monthly Earnings

Name of Next-of-kin of Contributor: Surname

First Name

Phone Number of Next-of-kin

Address of Next-of-kin

Identification of Next-of-kin Driver's License  National I.D  Voter's Card  Others /Specify

Relationship with Next-of-kin: Spouse  Child  Parent  Sibling  Others /Specify

Contributor's Signature  Date

**FOR OFFICIAL USE ONLY**

ECS Enrolment Number

Amount of Monthly ECS Contribution

Enrolled By.....

Supervised By.....

Date

Date