



Association Of Nigeria Licensed Custom Agents

Association Electoral Commission (aseco)

ANLCA NATIONAL SECRETARIAT LORDS DOING HOUSE PLOT I, SARAH AROBIKE STREET, OFF AGO PALACE
WAY, APPLE JUNCTION AMUWO ODOFIN, LAGOS

TEL: 08023074819, 08093074819, 08035514638

email: aseco.anlca@yahoo.com aseco.anlca@gmail.com

www.anlca.com.ng

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ANLCA CHAPTER:

COMPANY LICENSE NUMBER:

INDIVIDUAL BIOMETRIC IDENTIFICATION CARD ENROLMENT FORM

Personal Information

Title*

Mr Mrs Dr Prof Chief Other

Surname:

First Name:

Middle Name

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Gender:

Male:

Female:

Date of Birth: (dd-mm-yy)

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Highest Level of Education*

Secondary:

Diploma/NCE:

HND:

Degree:

Post Graduate:

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Marital Status:

Single:

Married:

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Employment Information:

Please enter information on the number of employment information relevant to you.

Name of Employer *

Current License Customs No.:

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Position*

Employer's Address*

--	--

From (dd-mm-yy)*

To(dd-mm-yy)*

--	--

Employee's personal Contact Address*

--

Postal Address*

--

Telephone Number*

--

Email Address*

--

Country of Origin*

--

State of origin*

--

LGA*

--

Town

--

Educational Information:

Please enter information on the number of institutions you have attended.

Name of institution(1)*

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Category of Institution(1)*

Tertiary:	Professional:	Secondary:
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Year Graduated(dd-mm-yy)*

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Qualification Obtained*

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Name of institution(2)*

--

Category of Institution(2)*

Tertiary:	Professional:	Secondary:
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Year Graduated(dd-mm-yy)*

--

Qualification Obtained*

--

Name of institution(3)*

--

Category of Institution(3)*

Tertiary:	Professional:	Secondary:
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Year Graduated(dd-mm-yy)*

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Qualification Obtained*

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Employment Information:

Please enter information on the number of employment information relevant to you.

Name of Past Employer (1)*

Position*

Employer's Address*

From (dd-mm-yy)*

To(dd-mm-yy)*

Name of Past Employer (2)*

Position*

Employer's Address*

From (dd-mm-yy)*

To(dd-mm-yy)*

Declaration:

I hereby certify that all information, documents and records provided and captured in the biometrics Data are satisfactorily correct and attested to by me.

I hereby indemnify ANLCA or its agent against any third party claim that might arise thereof.

Signature

Date



FILL THIS FORM PROVIDING THE REQUIRED INFORMATION AND MAKE ENROLMENT FEE
PAYMENT TO UBA BANK: Pay ANLCA A/C NO: 1018324166

for more information call TEL. 08023074819, 08093074819, 08035514638
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