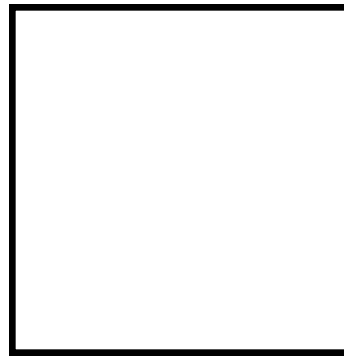


THE WEST AFRICAN EXAMINATIONS COUNCIL

STAFF'S IDENTIFICATION CARD DATA FORM



Passport Photograph

SURNAME:

FIRSTNAME:

**OTHER NAME/
INITIALS:**

DESIGNATION:

**OFFICE/
LOCATION:**

L/P/ NO:-

SIGNATURE:

N.B: Please, do not write across the perimeter box, especially the signature and always write, legible enough to read.