DENUNCIATION FORM

For the information collected to be usable, the shaded fields are compulsory. However, the service number alone is adequate to validate a form.

S1- IDENTIFICATION OF THE DENOUNCED EMPLOYEE (COMPULSORY FIELD)

S101. NAMES IN FULL

S103. SEX (MALE = 1, FEMALE = 2) ................................................................. | S105. SITUATION OF THE DENOUNCED EMPLOYEE (Alive = 1, Deceased = 2) .......

S107. MINISTRY OF DEPLOYMENT:

S109. CURRENT RESIDENCE (Country or town)* … :

* In case you do not know his exact residence, select one of the following values: Cameroon, neighbouring countries, other African countries, Rest of the world.

S2- OPTIONAL FIELD

S212. SERVICE NUMBER ..............................................................

S220. DATE OF BIRTH* (DD/MM/YEAR) ..................................................

S226. TELEPHONE NUMBER OF THE DENOUNCED EMPLOYEE ..............

S232. PROFESSION: ..............................................................................

S236. STRUCTURE OF DEPLOYMENT**: ................................................

S238. PRESENT ACTIVITY: .................................................................

S240. SOCIAL NETWORKS ADDRESS(ES): ..............................................

*Even a partial knowledge of the date of birth shall be accepted

** This refers to the structure in which the denounced employee is expected to work on a daily basis. For example: South West Regional Delegation of Youth Affairs; MIDENO; FAKO Divisional Delegation of Secondary Education; Government Primary School BASTOS; GHS NJIKWA; Bamenda General Hospital

S3- ANY OTHER USEFUL INFORMATION

You can also denounce via:

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☎ (+237) 663 17 01 04  ☎ (+237) 663 17 01 04  ☭ fb.me/coppe2018

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