



RC NO: 1977339

UNITED CHRISTIAN HEALTH LIMITED

Temporary Address:

18 University of Mkar Road, Mkar,
Gboko, Benue State-Nigeria



08110324653

Our Ref: _____ *Your Ref:* _____ *Date:* _____

Mr. Ifaekor Okechukwu Stephen

No 22A, Holy Cross Street, Off New Benin Market.

Benin City.

Offer of Employment – Office Assistant

Dear Ifaekor Okechukwu Stephen,

We are pleased to offer you the position of Office Assistant with United Christian Health Foundation Ltd, an online Bible fellowship ministry dedicated to spreading the Word of God, supporting believers, and building a strong online community of faith. In this role, you will assist with the administrative and communication duties that keep our ministry operations running smoothly.

Your responsibilities will include correspondence handling, data entry, online meeting coordination, content organization, logistics, and supporting the ministry's leadership team with day-to-day administrative tasks.

Employment Type: Full-time

Start Date: You will undergo training from Monday 20th to Friday 31st October, 2025 and resume your role on Monday 3rd . November

Salary/Stipend: Upon the completion of the 2week training, you shall be paid a stipend of N25,000. Your monthly Salary shall be N100,000

Working Hours: 9am to 6pm Monday to Fridays

Terms of Employment:

Your service with United Christian Health Foundation will be guided by the ministry's vision, values, and code of conduct, emphasizing integrity, commitment to

the Gospel, and teamwork. Either party may terminate the engagement with 20 days' written notice.

Please sign below to indicate your acceptance of this offer and return a scanned copy to [email address] by [response deadline date].

May the Lord bless you as you take this step of faith and service.

With blessings,

Yours in Christ,

Rev. Dr. Okorie Oko Ume

Managing Director / Administrator

United Christian Foundation

Employee Acceptance:

I, **Ifaekor Okechukwu Stephen**, accept the offer for the position of Office Assistant with United Christian Health Foundation under the terms stated above.

Signature: _____

Date: _____