

$\frac{0.89 + 0.70}{2} = \frac{1.59}{2}$

[illegible]

2023
J. J. J.
10/07/2023

SAH. 2020 - Dec 2023



**NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)**

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

[illegible]

FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

APPROVED SIGNATORY.....

NAME OF OFFICER
Debo Adde

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FEDERAL REPUBLIC OF NIGERIA NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF) (Employees' Compensation Act, 2010)

Registration of Employer

(Any wrong information/declaration is an offence and is punishable under Sections 39 and 65 of the ECA 2010)

PART 1: TYPE OF BUSINESS

(Mark 'X' as Appropriate)

Public/Private Limited Company [] Informal Sector Employer [] Partnership [] Sole Proprietorship [] Others (please specify) []

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: 674 SENSE MARKETING COMMUNICATION LTD

2.2 Incorporation Number: 1321958

Local Govt.: Kogi State

2.4 Postal Address: 1 Korodu - 050544

2.5 Tel. No. 1: 07033459660

2.7 Email: de60.alad@igmail.com

2.8 Does Employer have other branches and subsidiaries? Yes [] No []

2.9 Year of Establishment/Incorporation: 14/03/2016

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Alade

First Name: Debo

Tel. Number: 07033459660

Mode of Identification: National ID [X] International Passport [] Specify ID. Number: 44639653650

PART 4: BUSINESS SECTOR CATEGORIES:

Construction [] Mining [] Banking & Finance [] Manufacturing [] Aviation [] MDAs [] Oil & Gas [] Agriculture [] Energy [] Telecom [] Others (please specify): General Contract

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

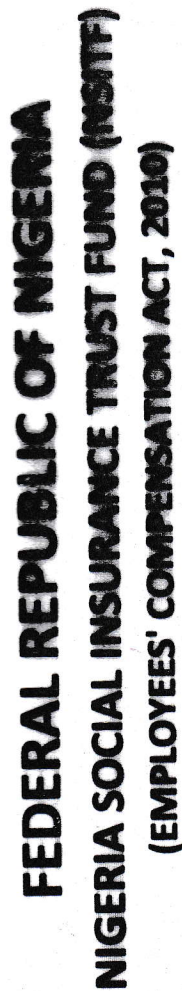
I certify that the above particulars are correct

9/7/2023

md

for





EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

NAME	EMPLOYEE NAME	MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TITLE	STATE OF ORIGIN	L.G.A.	TOWN	CONTACT PHONE NO.	ALTERNATE NUMBER	MEANS OF IDENTITY	MEANS ID ISSUED	STATE	NEXT OF KIN	NO. OF DEPENDANTS	SALARY MONTHLY
Debo	Alade			10,000 in Lagos	29/6/79	M	Married	001	2/1/80	debo.alade@gmail.com	MD	Lagos	Lagos		07024594604	07024594604	2	Lagos	Lagos	Debo Alade	3	18,000
Levent	Debo		Alade	"	4/11/84	F	"	002	"	levent.debo@alade.com	Director	Lagos	Lagos		08053505050	08053505050	NUN	Lagos	Lagos	Debo Alade	3	18,000
Macwell	Macwell		Levent	"	26/1/78	M	"	003	"	macwell.levent@gmail.com	Finance Manager	Lagos	Lagos		09033659458	09033659458	NUN	Lagos	Lagos	Olaitan Babatunde	3	18,000

FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.

AUTHORISED SIGNATORY.....

NAME OF OFFICER...

POSITION...

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