ECS.REG

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

Acct
:-₦24,840 + ₦43,200
=₦68,040
10/07/2023

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Debo	Alade		✓			30,000	00	
2	Belinda	Debo Alade		✓			30,000	00	
3	Lgba	Maxwell .I.		✓			30,000	00	
Sub/Grand Total:							90,000	00	

Acct

NSITF KAGINI BRANCH ACCOUNT UNIT CHECKED 19021
Name:
Sign:
Date: 7/7/2023

Acct
1% = 900 × 48
=₦43,200

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.
Authorized Official: Debo Alade **Position:** MD **Signature/Date:** 10/7/2023

JAN 2020 – DEC 2023

10/07/2023

FEDERAL REPUBLIC OF NIGERIA

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)

EMPLOYEE FIRST NAME	EMPLOYEE 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		299 Ikorodu Lagos	24/3/79	M	Married	001	3/feb	debo.alade@gmail	MD	Ondo			0703854 59660	NIN	NIN	Lagos	Belinda Debo Alade	3	18,000
Belinda	Debo	Alade	"	4/11/86	F	"	002	"	belinda.adebo.alade@gmail.com	Director	Delta	Ika		0802350 7390	NIN	NIN	Lagos	Debo Alade	3	18,000
Igba	Maxwell	Leonard	"	26/11/78	M	"	003	"	igba.maxwell@gmail.com	manager	Edo			070334 59655	NIN	NIN	Lagos	Olaitan Bilkis	3	18,000

Accts

from March 2016 - December 2019

= 46 months 18,000 = 540

= ₦24,840

14/07/2023

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.

AUTHORISED SIGNATORY..... NAME OF OFFICER..... Debo Alade POSITION..... MD

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: 6TH SENSE MARKETING & COMMUNICATION LTD

2.2 Incorporation Number: 1321958

2.3 Address: 299 Ikorodu-Ososun Road

Local Govt.: Ikorodu State: Lagos

2.4 Postal Address:

2.5 Tel. No. 1: 07033459660 Tel. No. 2:

2.7 Email: debo.alade@gmail.com

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [ ]. If "Yes", fill attached form (ECS RE01b)

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

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Alade Middle Name:

First Name: Debo Position: MD

Tel. Number: 07033459660 Mode of Identification: National ID. [✓]

Driver's License [ ] 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

Signature & Stamp: Position: MD Date: 10/7/2023

FEDERAL REPUBLIC OF NIGERIA

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)

NAME	EMPLOYEE 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
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Belinda	Debo	Alade	"	4/11/86	F	"	002	"	belinda.adebo.alade@gmail.com	Director	Delta	Ika		08023507 39	NIN	NIN	Lagos	Debo Alade	3	18,000
Igba	Maxwell	Leonard	"	26/11/78	M	"	003	"	Igba.maxwell@gmail.com	manager	Edo			07033459455	NIN	NIN	Lagos	Olaitan Bilikis	3	18,000

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AUTHORISED SIGNATORY..... NAME OF OFFICER..Debo Alade..... POSITION..MD.....