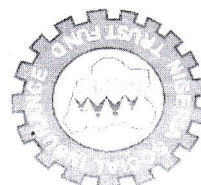


Registration of Employer



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: **A-Z PETROLEUM PRODUCTS MANUFACTURING LTD.**

2.2 Incorporation Number: **RC1289592**

2.3 Address: **13 KABA**

Local Govt.: **CLOSE KABA RD**

2.4 Postal Address: **State: FCT**

2.5 Tel. No. 1: **07044717578**

2.7 Email: **Tel. No. 2:**

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

2.9 Year of Establishment/Incorporation: **28 09 2015**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **MMBABA**

First Name: **AMSDEN**

Position: **MD**

Middle Name: **MD**

Mode of Identification: National ID [] Specify ID. Number: **MD**

Driver's License [] International Passport []

PART 4: BUSINESS SECTOR CATEGORIES:

Construction [] Mining [] Banking & Finance [] Manufacturing [] Aviation []

MDAs [] Oil & Gas [] Agriculture [] Energy [] Telecom [] Others (please specify) []

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: **MD**

Position: **MD**

First name: **AMSDEN**

Surname: **MMBABA**

Official Stamp (if any):

Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng

Date: **12/16/2022**



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)

S/N	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 IDENTIFICATION	MEANS ID ISSUED	NEXT OF KIN	NO. OF DEPENDANTS	SALARY, MONTHLY
1	Abdullahi		Shams	7	01/01/81	M	S	02	07/01/02	02	Mr	Hctm	Idm	Idm	0905540	0905540	Idm	Idm	Mr	1	30000
2	Adun		Shams	7	01/01/81	M	S	02	07/01/02	02	Mr	Hctm	Idm	Idm	0905540	0905540	Idm	Idm	Mr	1	30000
3	Abdullahi		Shams	7	01/01/81	M	S	02	07/01/02	02	Mr	Hctm	Idm	Idm	0905540	0905540	Idm	Idm	Mr	1	30000
4																					
5																					
6																					
7																					
8																					
9																					
10																					

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

THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

SIGNED SIGNATORY

NAME OF OFFICER

POSITION

12/10/2022
Nababu
MD

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

[illegible]

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.

This form should be completed by the person who prepared the report.
 Period of the report:
 Authorized Official: 
 Position: 

Signature/Date:..

October 2045 - Dec. 2019

12/10/2022

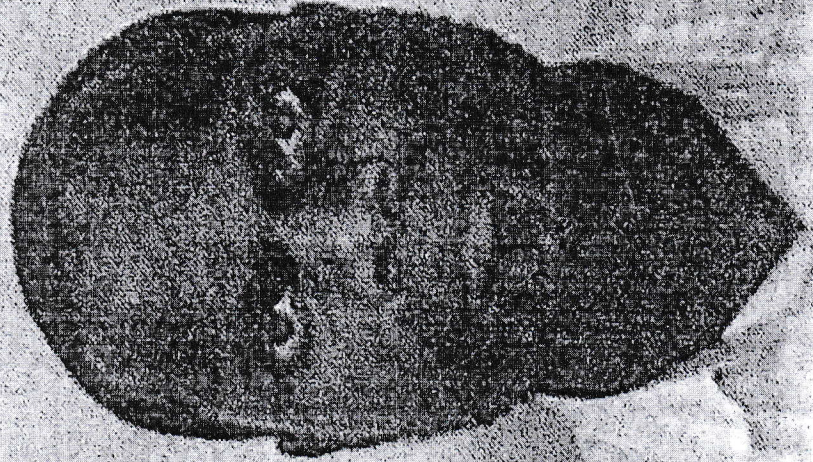
**FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE**

FCT

L/NO ABC48897AB28

PRIVATE

CLASS B



TEMPORARY

ISS 30-09-2022

D of B 03-06-1982

EXP 30-12-2022

NWAFOR, OBINNA OBINNA

HOUSE 75 ZONE C

APO RESETTLEMENT, ABUJA, FCT

SEX M HT 1.82M 1st ISS ST FCT

BG O+ F/MARKS N GL N REP 0 REN 2

END P

N of K 08092494641

DATE OF 1st ISS 08-08-2015

**HOLDER'S
SIGNATURE**

**AUTHORISED
SIGNATURE**