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: A-Z PETROLEUM PRODUCTS MANUFACTURING & MARKETING LTD.

2.2 Incorporation Number: RC1289592

2.3 Address: 13 ABBA CLOSE ARAB RD

Local Govt.:

State: FCT

2.4 Postal Address:

2.5 Tel. No. 1: 07044717578

Tel. No. 2:

2.7 Email:

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: NAMBABA

Middle Name:

First Name: SAMSUDEEN

Position: MD

Tel. Number:

Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number:

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

GENERAL CONTRACTORS.

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: MD Date: 10/10/2022

Surname: NAMBABA First name: SAMSUDEEN. Official Stamp (if any):.....

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

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 TLTLE	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
1	Nababa		Shem Sulem	[illegible]	01/6/81	M	S	004	[illegible]	[illegible]	MD	[illegible]	[illegible]	[illegible]	[illegible]	Nil	[illegible]	[illegible]	Nil	1	[illegible]
2	Audu		Soyu	[illegible]	1/9/83	M	S	002	1/3/02	[illegible]	[illegible]	Kogi	Idah	Idah	[illegible]	Nil	[illegible]	[illegible]	Nil	1	[illegible]
3	Ali		Mohamed	[illegible]	27/6/82	M	S	001	1/3/02	[illegible]	PA	Kogi	Idah	Idah	[illegible]	Nil	[illegible]	F.C.T	Nil	1	[illegible]
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Accts

January 2020 — Dec 2022

900 X 36 = ₦32,400

Accts

:- ₦27,540 + ₦32,400

= ₦59,940

12/10/2022

12/10/2022

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.

...RISED SIGNATORY.......... NAME OF OFFICER: Nababa POSITION: MD

ECS.RE03

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).

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1.	NAMBABA	SAMSUDEEN					18,000	00	
							18,000	00	
							18,000	00	
2.	ALI	Mohammed.							
3	ALAU	Sya.							
	OCTOBER 2015			—	Dec 2019				
						Sub/Grand Total:	54,000	00	

10/D = 540 × 51

= ₦27,540

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:..... Position:..... Signature/Date:.....

OCTOBER 2015 — 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