



FEDERAL REPUBLIC OF NIGERIA  
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)  
EMPLOYEES COMPENSATION ACT, 2010  
Schedule of Payments

Adham A Investment Limited

S	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DO B	Ge nd er	Mari tal Stat us	Employee ID	Employee nt Date	Employee Email	Job Title	State of Origin	Local Governme nt Area	Town	Cont act Phon e	Alter nate Phon e	Means of Identify r	Means of Identify r	State	Next of Kin	Next of Kin Number	NO of Dependant s	Monthly Remuneration
1	Ukhmetob		Abraham		05/15/80	M	M				Dir Ex Audit						None						30,000
2	Omosegbe		Harriet		22/12/81	M	M				Sec						None						30,000
3	Philip		Gambor		22/15/82	M	M				Sec												30,000
4																							
5																							
6																							

NSITF KAGIINI BRANCH  
ACCOUNT UNIT  
CHECKED  
Name: Adham A Investment Limited  
Sign: [Signature]  
Date: 2024

90,000

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

Adrian A Inventmank limited

Employee Information							Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
	Mkandah	Abraham				M	20,000		
	Mauls	2019 - Dec. 2019							
		200 x 34 months							
		6,800							
Sub/Grand Total:							20,000		

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: M. K. Khandekar A Position: Mgr Signature/Date: 5/2/24

period of the report. 16 March 1964  
Authorized Official: A-

Position:.....Major

Signature/Date: \_\_\_\_\_

5/2/24



**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: ADUAM A INVESTMENT LIMITED

2.2 Incorporation Number: 1398680

2.3 Address: (Plot 4)

Adabank close, Wuse Abuja

Local Govt.: Ana

State: FCT

2.4 Postal Address: .....

2.5 Tel. No. 1: 08066013411 Tel. No. 2: .....

2.7 Email: aduam@grail.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: .....

**PART 3: PARTICULARS OF CONTACT PERSON**

3.1 Surname: Ukharhoh Middle Name: Ehi

First Name: Abraham Position: Mgt

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):.....

GL contract

**PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:**

I certify that the above particulars are correct

Signature or Thumbprint: [Signature] Position: Mgt Date: 6/2/24

Surname: Ukharhoh First name: Abraham Official Stamp (if any): .....

