Image 220 – Deans 224 60 months

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

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

AESTHETICS MULTI CONCEPTS INTEGRATED LIMITED

S/N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identity	Means of Identity Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration
1																							
2																							
3																							
4																							
5																							
6																							

Authorized Signatory:..... Name of Officer:..... Position:.....

May 29 – December 29

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).

AESTHETICS MULTI CONCEPTS INTEGRATED LIMITED

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	[illegible]	[illegible]			✓	M	18,000	00	
2	[illegible]	[illegible]			✓	M	18,000	00	
						Sub/Grand Total:	36,000	00	

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: [illegible] Position: Mgr Signature/Date: 29/5/24

ECS REG1

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

Section 55(1)

Mark 'X' as Appropriate

Public/Private Companies [ ] Informal Sector Employer [ ] Partnership [ ]

Sole Proprietorship [ ] Others (please specify) [ ]

PART 1: PARTICULARS OF BUSINESS (for MDAs, public and private companies):

1.1 Employer Name: AESTHETICS multi CONCEPTS LIMITED (LTD)

1.2 Incorporation Number: RC 1583134 1.3 Address: Street Number: Plot 264

Street Name: FHA City: Kubwa

Local Govt: ABAC Bwari State: FCT

1.4 Postal Address: Same As Above

1.5 Tel Number: 08069500813 1.6 Fax Number:

1.7 Email: dejabulse@gmail.com

1.8 Does Employer operate in other locations? Yes [ ] No [ ]. 1.9 If yes give details: .....

.....

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [ ] No [ ].

1.11 Did business start prior to the Act? Yes [ ] No [ ]

PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: Ojezbule Middle Name: Omark

First Name: Dele Position: Rep

Tel. Number: 08069500813 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number:

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

..... General Contracting .....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: Rep Date: 1/12/24

Surname Ojezbule First Name: Dele Official Stamp (if any): .....