ARCELADE LTD

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 IDENTITY	MEANS ID ISSUED STATE	NEXT OF KIN	NO. OF DEPENDANTS	SALARY, MONTHLY
1	Daniel	Samuel	Sagah	No 6 German Mbu Kuling	7/7/80	M	M	001	2/1/2010	Samuel@gmail.com	Manager	Adam	Yola	Yola	080 5320 6324	—	N/A	Abuja	Ruth	2	30,000
2	Daniel	Ruth		✓	12/2/84	F	M	002	✓	✓	Admin Officer	✓	✓	✓		—			Samuel	2	30,000
3	Nuka	Sab		✓	6/1/81	M	S	003	✓	✓	Director	✓	✓	✓		—			Jacob	1	30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					

June 2017 To Dec 2024

700 X 78 Months

= ₦ 70,200

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: Lydia
Sign:
Date: 14/02/2024

Total → ₦ 90,000

SAMUEL DANIEL MANAGER 14/02/2024

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

THIS FORM SHOULD BE DULY COMPLETED ANYTIME PAYMENT IS MADE.

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

Section 39(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: ATCE LADE LTD

1.2 Incorporation Number: RC1417850 1.3 Address: Street Number: NO 6

Street Name: GERMAN PADA STREET City: PLATEAU

Local Govt: ABUJA State:

1.4 Postal Address:

1.5 Tel Number: 08053206324 1.6 Fax Number:

1.7 Email: samuel.usaki@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: DANIEL Middle Name: SARAH

First Name: SAMUEL Position: MANAGER

Tel. Number: 08053206324 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number: 37523433873

PART 3: BUSINESS SECTOR CATEGORIES:

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

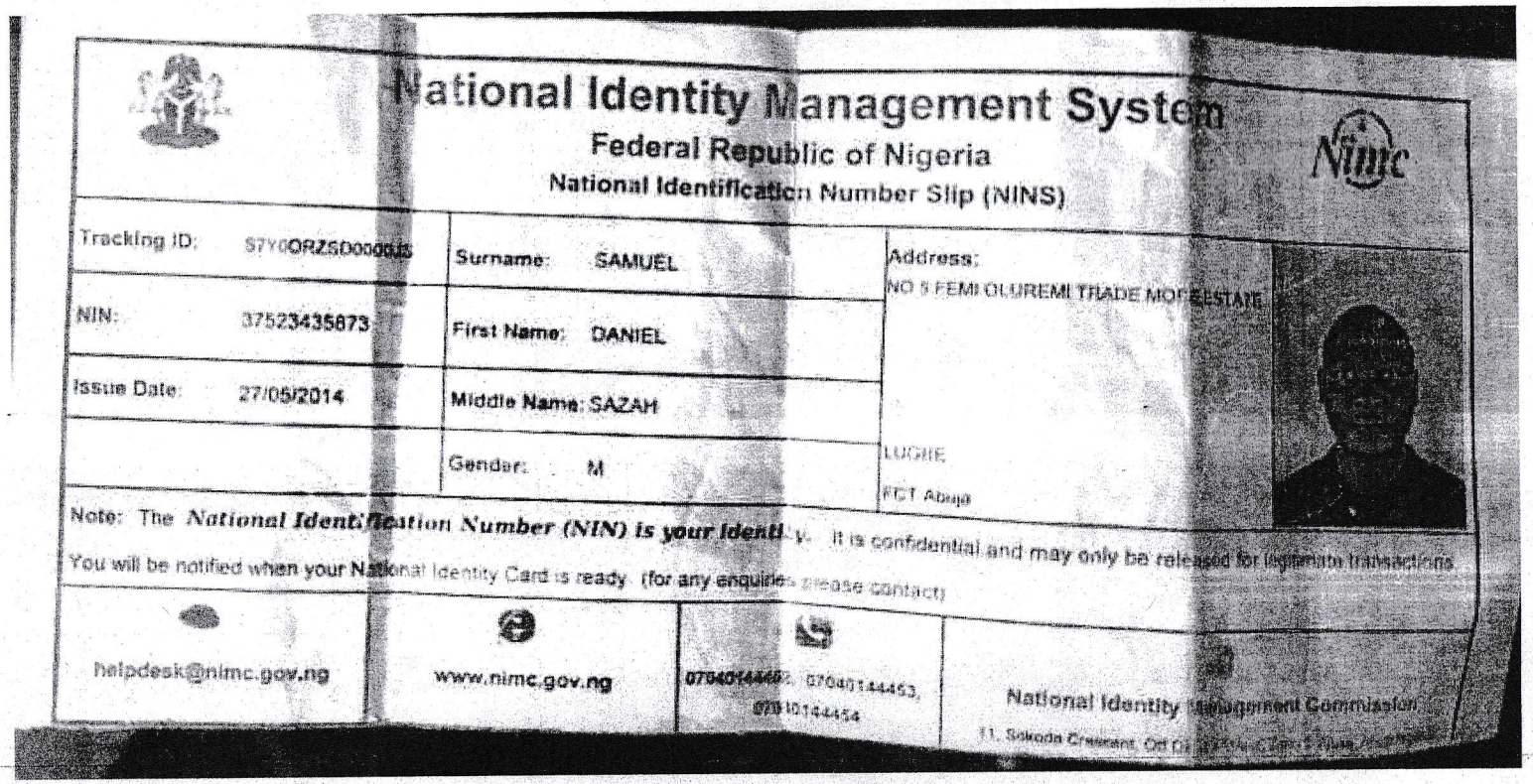
MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify): CENTRAL CONTRACTOR

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: F. Dany Position: MANAGER Date: 19/02/2024

Surname DANIEL First Name: SAMUEL Official Stamp (if any): .....



National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: S7Y0ORZS0000035	Surname: SAMUEL	Address: NO 5 FEMI OLUREMI TRADE MOPE ESTATE
NIN: 37523435873	First Name: DANIEL	
Issue Date: 27/05/2014	Middle Name: SAZAH	
	Gender: M	LUGBE FCT Abuja

Note: The *National Identification Number (NIN) is your identity*. It is confidential and may only be released for legitimate transactions.

You will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng | www.nimc.gov.ng | 07040144453, 07040144454 | National Identity Management Commission