



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

AKINZA SECURITY NIGERIA LIMITED

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

S	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee 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 State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration	
1	Akinola	Akinola	Akinola	Agos	15/6/95	male	married	001	May 2024	-	Director	Ogun	Agos	Agos	Agos	08035486195	-	ADIN	-	Agos	1047	1	3	230,000
2	Akinola	Akinola	Akinola	Agos	20/3/98	female	married	002	May 2024	-	Director	Ogun	Agos	Agos	Agos	08035486195	-	ADIN	-	Agos	1047	1	3	230,000
3	Idowu	Idowu	Idowu	Agos	29/8/80	male	married	003	May 2024	-	Legal	Oyo	Agos	Agos	Agos	08165486125	-	ADIN	-	Agos	1047	1	2	230,000
4	ACCT May 2024 - December 2024 1% x 90,000 = 900 x 8 months = 7,200																							
5	NSITF KAGINI BRANCH ACCOUNT UNIT CHECKED Name: [Signature] Sign: [Signature] Date: 9/5/24																							
6																							90,000	

Authorized Signatory Akinola Kazeem 9/5/24 Name of Officer: Akinola Kazeem Position: MD



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: **AKINZA SECURITY NIGERIA LIMITED**

2.2 Incorporation Number: **RC7481439**

2.3 Address: **0089**

Dalhatu Maccido Street

Katampe Ext

Local Govt.: **Katampe**

State: **FCT, ABUJA.**

2.4 Postal Address: **SAME AS ABOVE**

2.5 Tel. No. 1: **08035258123**

Tel. No. 2: []

2.7 Email: **akinza22@gmail.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: **07 05 2024**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **ADETOMIWA**

Middle Name: **ADETOMIWA**

First Name: **DAVID**

Position: **SECRETARY**

Tel. Number: **08035258123**

Mode of Identification: National ID. []

Driver's License ☒ International Passport [] Specify ID. Number: **NRISS961AA94**

PART 4: BUSINESS SECTOR CATEGORIES:

Construction ☐

Mining ☐

Banking & Finance ☐

Manufacturing ☐

Aviation ☐

MDAs ☐

Oil & Gas ☐

Agriculture ☐

Energy ☐

Telecom ☐

Others (please specify):....

General Contract

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:  Position: **MD** Date: **09/05/2024**

Surname: **Akintola** First name: **Kazeem** Official Stamp (if any):



FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

LNO NRK55961AA94

PRIVATE

OYO STATE



Adetomiwa

D of B 18-07-1994

ISS 07-07-2022

EXP 18-07-2027

ADEYOJU, DAVID ADETOMIWA

SDM HOUSE, OFF SECRETARIAT

AGODI

IBADAN, OYO

SEX M HT 1.65M 1st ISS ST OYO

BG UNK F MARKS N GL N REP 0 REN 1

END P

N of K 08055030451

DATE OF 1st ISS 24-04-2017

HOLDER'S
SIGNATURE

[Signature]

AUTHORISED
SIGNATORY