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 69 of the ECA 2010)

SN	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	Saidi		Ahmed		11/8/90			001			Acct	Katsina					Hire						30,000
2	Abdullahi		Hauwa		8/20/91			002			Sec	Kogi					Hmc						30,000
3	Aishatu		Abdulrasheed		6/7/93			003			HR	Kaduna					Hmc						30,000
4				JULY 2023 — DEC 2023																			
5				900 X 6 months = 5,400																			
6																							90,000

ECS.RE01

FEDERAL REPUBLIC OF NIGERIA

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: PREMIER CAPACITY DEVELOPMENT NETWORK NIG LTD

1.2 Incorporation Number: 1660592 1.3 Address: Street Number: NO 2

Street Name: Atbakw Street City: Wuse Zone 2

Local Govt: AMAC State: Abuja

1.4 Postal Address:

1.5 Tel Number: 09069868665 1.6 Fax Number:

1.7 Email: premierpd@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: MUNIRU Middle Name:

First Name: ABDULWAHAB Position: MD

Tel. Number: 09069868665 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):..................

....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [signature] Position: M.D Date: 10/08/2023

Surname Muniru First Name: Abdulwahab Official Stamp (if any): ....