

# FEDERAL REPUBLIC OF NIGERIA

(Employees' Compensation Act, 2010)

Registration of Employer

Section 28(1)



ECR/REG/01

Mark 'X' as Appropriate

Public/Private Companies [ ] Informal Sector Employer [ ] Partnership [ ] Sole Proprietorship [ ] Others (please specify) [ ]

ALMATAZ LIMITED

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

1.1 Employer Name: ALMATAZ LIMITED

1.2 Incorporation Number: 156555

1.3 Address: Street Number: 156555

City: WUSE 20459

State: FCT

Local Govt: AMAC

1.4 Postal Address:

1.5 Tel Number: 08037485077

1.6 Fax Number: 08037485077

1.7 Email: opejolew@almatz.com

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

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

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

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

2.1 Surname: ALMATAZ

First Name: ALMATAZ

Position: MD

Mode of Identification: National ID [ ] or Drivers Licence [ ] or

International Passport [X] Specify ID Number: A02985386

PART 3: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ] MDAs [ ] Off & 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: MD Date: 15/8/23  
First Name: Adekunle Official Stamp (if any): [Stamp]





NIGERIA SOCIAL INSURANCE TRUST FUND  
(Employee's Compensation Act, 2010)  
Employees' Schedule of Payments  
(Section 40(1)(a) of the Act)

Employer's Name: ALMATZ LIMITED

STAFF LIST

Employer's NSITF No. ....

S/N	SURNAME	FIRST NAME	MIDDLE NAME	GENDER (M/F)	EMPLOYEE E.I.D NUMBER	EMPLOYEE DATE OF EMPLOYMENT	DATE OF BIRTH	STATE OF ORIGIN	LGA	TOWN	CONTACT PHONE NUMBER	ALTERNATE PHONE NUMBER	MEANS OF IDENTIFICATION (DRIVERS' LICENSE, INTL. PASSPORT, NATL. ID)	STATE OF ISSUANCE	ADDRESS OF EMPLOYEE	JOB TITLE	MARITAL STATUS	NUMBER OF PRIMARY DEPENDANT (S, SPOUSE & CHILDREN)
1	BANKOLE	ADEPETUN		M	01		16/01/1995	LAGOS	SURULERE	SURULERE	08093585856		NATIONAL ID		ABUJA	STAFF	S	
2	ADEYINKA	ADEPETUN		F	02		04/01/1988	LAGOS	SURULERE	SURULERE						STAFF	S	
3	ADEYINKA	ADEPETUN		F	03		22/06/1996	LAGOS	SURULERE	SURULERE						STAFF	S	
SUB/GRAND TOTAL:																		

This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.  
This should be completed any time payment is made.

Authorised Signatory: *Adepetu Adeyinka*

Name of officer: *Adepetu Adeyinka MD* Position: ..... Date: *18-05-23*

*Accts*

*From*

*Accts*

*to* *#55,080 + #10,800*

*#65,880*

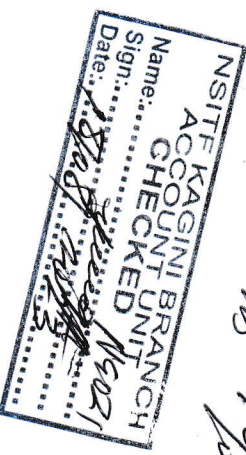
*January 2023 - December 2023*

*12 months*

*10 = 900 x 12*

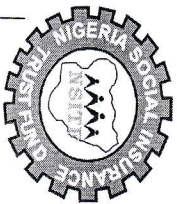
*#10,800*

*18/08/2023*



*18/08/2023*

July 2011 - December 2019.



NIGERIA SOCIAL INSURANCE TRUST FUND  
(Employee's Compensation Act, 2010)  
Employees' Schedule of Payments  
(Section 40(1)(a) of the Act)

Employer's Name: ALMATZ LIMITED

STAFF LIST

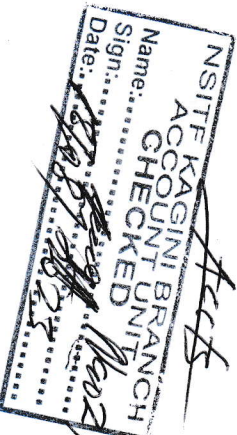
EMPLOYEE																		
S/N	SURNAME	FIRST NAME	MIDDLE NAME	GENDER (M/F)	EMPLOYEE E ID NUMBER	EMPLOYEE DATE OF EMPLOYMENT	DATE OF BIRTH	STATE OF ORIGIN	LGA	TOWN	CONTACT PHONE NUMBER	ALTERNATE PHONE NUMBER	MEANS OF IDENTIFICATION (DRIVERS' LICENSE, INTL. PASSPORT, NATL. ID	STATE OF ISSUANCE	ADDRESS OF EMPLOYEE	JOB TITLE	MARITAL STATUS	NUMBER OF PRIMARY DEPENDANT S/ SPOUSE & CHILDREN
1	BANKOLE	ADEPETUN		M	01		16/01/1995	LAGOS	SURULERE	SURULERE	08095856566				ABUJA	STAFF	S	
2	ADEINIRAN	ADEPETUN		F	02		04/01/1988	LAGOS	SURULERE	SURULERE						STAFF	S	
3	ADEYINKA	ADEPETUN		F	03		22/06/1996	LAGOS	SURULERE	SURULERE						STAFF	S	
SUB/GRAND TOTAL:																		

This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.  
This should be completed any time payment is made.

Authorised Signatory: Adepetunade-jm

Name of officer: Adepetunade-jm Position: MD

Date: 18-08-2023



from July 2011 - December 2019  
=> 102 months

102 = 540 x 102

= N55,080

18/08/2023

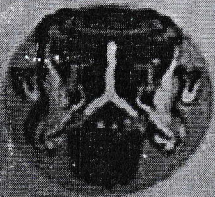


# TAX CLEARANCE CERTIFICATE



It pays to pay your taxes..

TCC NO : 223437730744  
TAX OFFICE : MSTO EPE  
DATE : 2023-05-03



Name of Company : ALMATZ LIMITED  
RC No : 156555  
Date of Incorporation : 1990-10-11  
TIN : 17645657-0001  
FIRS ID : 2301110040744  
Business Address : 54, NNGBI STR., IKATE S/LEKE.

Business Status : Commenced Business 2021-01-01

This is to certify that the above named company has rendered Income Tax, Value Added Tax, Information Technology Development Levy, Education Tax, as well as other tax returns and paid the assessed taxes in accordance with the relevant tax laws for all years including the past three assessment years as detailed hereunder.

Assessment Year	Revenue	Assessable Profit/Loss	Total Profit	Tax Payable	Tax Outstanding (If Any)
2020	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00
Assessment Year	2021	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00
Assessment Year	2022	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00

Source of Income : Other transportation support activities  
Other Comments : Issued  
This Certificate Expires on : 2023-12-31



Official Stamp Impression

Name & Rank of Approving Officer

CHINEDU ADIRIJE  
Tax Controller



ECONOMIC COMMUNITY  
OF WEST AFRICAN STATES  
COMMUNAUTÉ ÉCONOMIQUE DES ÉTATS  
DE L'AFRIQUE DE L'OUEST  
COMUNITAD E CONOMICA DE LOS  
ESTADOS AFRICANOS

FEDERAL REPUBLIC OF  
NIGERIA

# PASSPORT

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport

NGA

YON

B01100874

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ADPEPTUN

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ADLEYINKA ADEDEJI

1993-1994 1994-1995

NIGERIAN

2000-2001

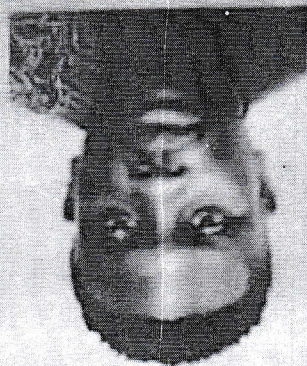
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LAGOS M

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1990

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