

FEDERAL+A1:V22 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)

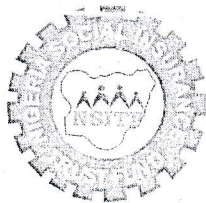
S/N	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TITLE	STATE OF ORIGIN	L.G.A	TOWN	CONTACT PHONE NO.	ALTERNATE NUMBER	MEANS OF IDENTITY	MEANS ID ISSUED STATE	NEXT OF KIN	NO. OF DEPENDANTS	SALARY, MONTHLY
1	AGU	UCHENNA	REMIGUS	FOREIGN AFFAIRS QKTS BY QUEEN	04-04-80	M	MARRIED			ochymano@yahoo.com	MANAGER	ENUGU	UDI	EGEDE	08033410202		NATIONAL ID		AGU JUSTINA	5	350,000
2	AGU	UDOKA	JUDTINA	FOREIGN AFFAIRS QKTS BY QUEEN	18/11/1985	F	MARRIED			simonagu7@gmail.com	SECRETARY	ENUGU	UDI	EGEDE	07069598813		DRIVERS LICENCE		ESTHER AGU	5	350,000
3	OMEIE	OLIVER		FOREIGN AFFAIRS QKTS BY QUEEN	09-12-94	M	SINGLE			omeieolive@gmail.com	DRIVER	ENUGU	NSUKKA	EDE-OBALA	08068640254		VOTER-CARD		lambert	0	350,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					950,000

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

AUTHORIZED SIGNATORY

NAME OF OFFICER

POSITION



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)

ECS.RE01

Registration of Employer
Section 33(1)

Mark 'X' as Appropriate

Public/Private Companies ☒ Informal Sector Employer ☐ Partnership ☐

Sole Proprietorship ☐ Others (please specify) ☐

ALTENY ENERGY LTD

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

1.1 Employer Name: ALTENY ENERGY LTD

1.2 Incorporation Number: RC-1910876 1.3 Address: Street Number: NO 38

Street Name: SHERIFAT ADENUSI AVENUE City: ACO ESTATE LITE CA

Local Govt: AMAC State: ABUJA

1.4 Postal Address:

1.5 Tel Number: 1.6 Fax Number:

1.7 Email: info@altenyenergy.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 ☒ 28/03/2022

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

2.1 Surname: ASALA Middle Name: KEHINDE

First Name: AYOTOMIDE Position: DIRECTOR

Tel. Number: 08023223899 Mode of identification: National I.D. ☐ or Drivers Licence ☐ or

International Passport ☒ Specify ID. Number: A12999151

PART 3: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐

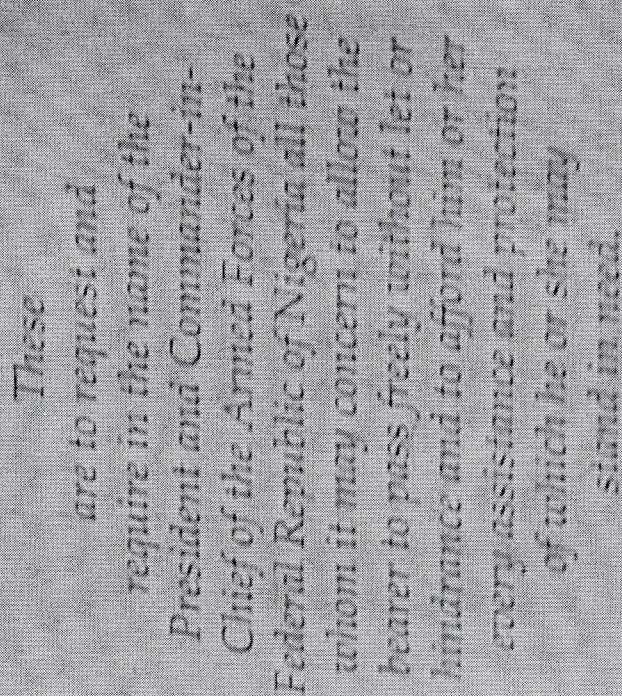
MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☒ Telecom ☐ Others (please specify): ENERGY GENERAL CONTRACT

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [Signature] Position: DIRECTOR Date: 08/01/2023

Surname: ASALA First Name: AYOTOMIDE Official Stamp (if any):



A 12599151

PASSPORT
PASSEPORT



Type 1 Type 2

P

Country Code / Date of purchase

NGA

Passport No. 7-096842-10

A12599151

Summary

AJALA

Given Names / Prename

AYOTOMIDE KEHINDE

Nationality / Nationality

NIGERIAN

Date of Birth / Date de naissance

03 OCT / OCT 87

Sex / Sexo Place of Birth / Lugar de Nascimento

M LAGOS

Date of issue / Date of delivery

18 JUL / JUL 22

Date of Expiry / Date d'expiration

17 JUL / JUL 27

Personal No. / P. no.

Authentic / Authentic

CANBERRA AUSTRALIA

Modeling and Simulation / Simulation du Réseau



P<NGAAJALA<<AYOTOMIDE<KEHINDE<<<<<<<<<<<<<<

A125991519NGA8710031M2707174<<<<<<<<<<<<04