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 TLTLE	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	BLK 3 FOREIGN AFFAIRS QKTS BY QUEEN	04-04-80	M	MARRIED			ochymano@yahoo.com	MANAGER	ENUGU	UDI	EGEDE	08033410202		NATIONAL ID		AGU JUSTINA	5	30,000
2	AGU	UDOKA	JUDTINA	BLK 3 FOREIGN AFFAIRS QKTS BY QUEEN	18/11/1985	F	MARRIED			simonagu7@gmail.com	SECRETARY	ENUGU	UDI	EGEDE	07069598813		DRIVERS LICENCE		ESTHER AGU	5	30,000
3	OMEJE	OLIVER		BLK 3 FOREIGN AFFAIRS QKTS BY QUEEN	09-12-94	M	SINGLE			omejeolive	DRIVER	ENUGU	NSUKKA	EDE-OBALA	08068640254		VOTER-CARD		lambert	0	30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					30,000

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.

AUTHORISED SIGNATORY ..... *NAME OF OFFICER* ..... *POSITION* .....

ECS.RE01

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

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-1911087 1.3 Address: Street Number: NO 38

Street Name: SHERIFAT ADENUSI AVENUE City: ACO ESTATE LIFE CAMP

Local Govt: AMAC State: ABUJA

1.4 Postal Address:

1.5 Tel Number: 1.6 Fax Number:

1.7 Email: Info@alteny energy.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: AJALA 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: ..... Position: DIRECTOR Date: 08/01/2023

Surname AJALA First Name: AYOTOMIDE Official Stamp (if any): .....

These are to request and require in the name of the President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria all those whom it may concern to allow the bearer to pass freely without let or hindrance and to afford him/her such assistance and protection as may be necessary.

A12599151

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

Type / *Type*
P

Country Code / *Code du pays*
NGA

Passport No. / *Passeport N°*
A12599151

Surname / *Nom*
AJALA

Given Names / *Prénoms*
AYOTOMIDE KEHINDE

Nationality / *Nationalité*
NIGERIAN

Date of Birth / *Date de naissance*
03 OCT / OCT 87

Personal No. / *N° personnel*

Sex / *Sexe* Place of Birth / *Lieu de naissance*
M LAGOS

Authority / *Autorité*
CANBERRA AUSTRALIA

Date of Issue / *Date de délivrance*
18 JUL / JUL 22

Holder's Signature / *Signature du titulaire*

Date of Expiry / *Date d'expiration*
17 JUL / JUL 27

P<NGAAJALA<<AYOTOMIDE<KEHINDE<<<<<<<<<<<<<<<<
A125991519NGA8710031M2707174<<<<<<<<<<<<<<<04