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 38, 40 and 65 of the ECA 2010)

AMIR SALEH - BALAU & CO

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	Amir		Abdullahi	Micheal Gwarinpa		M	S	507			M.D	Abuja	Amac	FCT									30,000
2	Saleh		Bala	Flat A Close		M	S	008			Acct	Abuja	Amac	FCT									30,000
3	Saleh		Abdullahi	Block 35 Flat A Buba Abuja		M	S	003		Amir saleh @gmail.com	Sec	Abuja	Amac	FCT									30,000
4				JUNE		2023							DEC		2023								
5				900x	7	months	=	6,300															
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: AMIR SALEH + BALAH & CO

1.2 Incorporation Number: 6884437

1.3 Address: Street Number: Block 35/Flat

Street Name: A Michael A Buba Close City: Gwarinpa

Local Govt: Arewa State: Abuja

1.4 Postal Address:

1.5 Tel Number: 09062728767 1.6 Fax Number:

1.7 Email: Amirsafety@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: Amir Middle Name:

First Name: A B Sulleiman Position: M.D

Tel. Number: 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):.....

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PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: M.D Date: 24/8/2023

Surname Amir First Name: A B Sulleiman Official Stamp (if any): .....