# NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
## (Employees' Compensation Act, 2010)

## Registration of Employer

(Any wrong information/declaration is an offence and is punishable under Sections 39 and 65 of the ECA 2010)

**PART 1: TYPE OF BUSINESS**

(Mark 'X' as Appropriate)

Public/Private Limited Company [✓] Informal Sector Employer [ ] Partnership [ ] Sole Proprietorship [ ]

Others (please specify) [ ].....

**PART 2: ORGANIZATION/EMPLOYER INFORMATION:**

2.1 Employer Name: AMPLEWORTH LIMITED

2.2 Incorporation Number: 1776000 2.3 Address: 23A STREET ADEOLA ODEKU

Local Govt.: VICTORIA ISLAND State: LAGOS

2.4 Postal Address: LAGOS

2.5 Tel. No. 1: 08033333004 Tel. No. 2:

2.7 Email: Peter@acute-atlantic.com

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [✓] If "Yes", fill attached form (ECS RE01b)

2.9 Year of Establishment/Incorporation: 25032021

**PART 3: PARTICULARS OF CONTACT PERSON**

3.1 Surname: PETER Middle Name: ONYIA

First Name: ODINMA Position: CEO

Tel. Number: Mode of Identification: National ID. [ ]

Driver's License [✓] International Passport [ ] Specify ID. Number: EKY87900AA21

**PART 4: BUSINESS SECTOR CATEGORIES:**

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify): [✓]

General Contractor

**PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:**

I certify that the above particulars are correct

Signature or Thumbprint: ..... Position: Manager Date: 8-2-2023

Surname: Peter First name: Onyia Odinma Official Stamp (if any):.....

Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng

# FEDERAL 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 | Ocha | | Irima | 4th Alleyne Crescent | 31/8/1989 | F | Single | 001 | 30/12/2021 | Peter@ocha-ict-limited.com | Secretary | Cross River | Yala | Yala | 08133554307 | ✓ | NIN | Abuja | ✓ | ✓ | 30,000 |
| 2 | Gregji | | Oko | 4th Alleyne Crescent 16 | 20/08/1990 | F | Single | 002 | 30/12/2021 | Peter@ocha-ict-limited.com | Treasurer | Cross River | Yala | Yala | 08067178878 | ✓ | NIN | Abuja | ✓ | ✓ | 30,000 |
| 3 | Ofana | | Eze | 4th Alleyne Crescent | 11/6/2010 | M | Single | 003 | 30/12/2021 | Peter@ocha-ict-limited.com | Computer Operator | Cross River | Yala | Yala | 08033333214 | ✓ | NIN | Abuja | ✓ | ✓ | 30,000 |
| 4 | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | Apr - C | 2021 | — | | | Dec - 2023 | | | | | | | | | | | | |
| 6 | | | | | 900 x 33 = 29,700 | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | Acct | 8/2/2023 | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | 90,000 |

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

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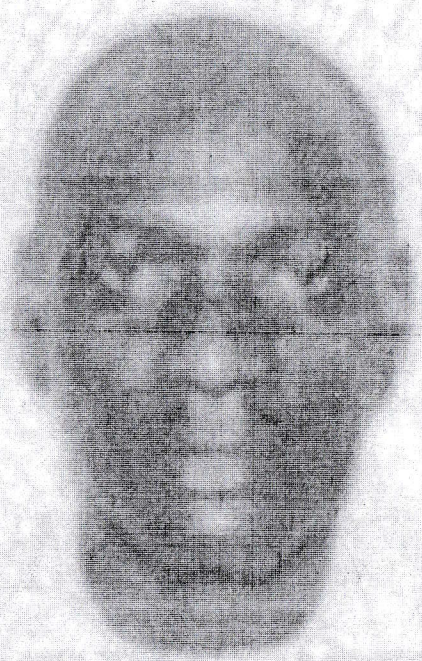
NAME OF OFFICER Ogelor Wonah POSITION Manager

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

LAGOS STATE

LND# KM7900AA21 PRIVATE CLASS



ISS 29-11-2018
D of B 17-02-1970 EXP 17-02-2023

PETER, ONYIA ODIMMA
21A, ADEOLA ODEKU STR
VICTORIA ISLAND
ETI-OSA, LAGOS

SEX M HT 1.70M 1st ISS ST OGU

BO UNK REMARKS N GL N REP 0 REN 1

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DATE OF 1st ISS 29-03-2011

HOLDER'S SIGNATURE

AUTHORISED SIGNATORY