FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

FCT

L NO KRF01121AA1 | PRIVATE | CLASS B

ISS 16-04-2019
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HAMZA, KOSHE AKUYAM
YANA KALLAU ROAD
OLD GRA BAUCHI
BAUCHI, BAUCHI

SEX M HT 1.70M 1st ISS ST BAU
BG O+ F/MARKS N N REP 0 REN 2
END P
N of K 08033148035
DATE OF 1st ISS 09-08-2006

HOLDER'S SIGNATURE

AUTHORISED SIGNATORY

3

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: ANTHILL & BIRD NEST ENGINEERING LTD

1.2 Incorporation Number: 1861176

1.3 Address: Street Number:

Street Name: Wisdom City:

Local Govt: State:

1.4 Postal Address: Rd 3B Flat 01, Wisdom Estate Kuchikari

1.5 Tel Number: 08033149036 1.6 Fax Number:

1.7 Email: Gabriel Sofi 1@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: HAMZA KOSHE NKUYAM Middle Name: NKUYAM

First Name: KOSHE Position: M.D

Tel. Number: 08033149036 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):.....

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: M.D Date: 09/11/23

Surname HAMZA First Name: KOSHE Official Stamp (if any): .....

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 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	Gabriel	Sofi	Isaac		02/05/1996	M	Married		27/6/23	Gabriel Sofi @gmail	Mgr	Nasarawa	Karu	Nasarawa	0703 4526 632						30,000
2	Joan	Makuk	Isaac		20/6/1997		married		1/6/23		Asst Mgr		Karu	Nasarawa	091 3380 4461						30,000
3	Udeh	Simon	Ola		4/2/1984		married		20/6/23			Nasarawa	Karu	Nasarawa	09031 8854 66						30,000
4											Accts										
5											December 2021 - December 2023										
6											→ 25 months 1% = 900 × 25										
7																					₦22,500
8																					
9											09/11/2023										₦90,000
10																					

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED 2021
Name:.....
Sign:.....
Date: 09/11/2023

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.

NAME OF OFFICER.....

POSITION M.D

NATORY.....