

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

LNO KR01121AA1 PRIVATE CLASS B

FCI

ISS 16-04-2019
EXP 23-03-2024

HAMZA, KOSHE AKUYAM

YANA KALLAU ROAD

OLD GRA BAUCHI

BAUCHI, BAUCHI

SEX M HT 1.70M 18155 ST BAU

BG O+ PMARKS N 91 N REP O REN Z

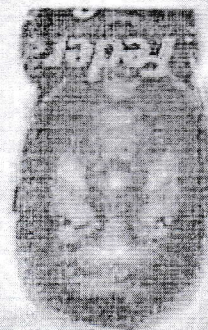
END P

N of K 08K33148038

DATE OF 1st ISS 09-08-2008

HOLDER'S
SIGNATURE

AUTHORISED
SIGNATORY





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: THEYAL-SARO WEST ENGINEERING LTD

1.2 Incorporation Number:

Street Name:

Local Govt:

1.4 Postal Address:

1.5 Tel Number:

17 Email: 

1.9 If yes give details: Employer operates in other locations? Yes [] No []

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [] No []

111 Did business start prior to the Act? Yes [] No []

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

2.1 Surname: Wahidur Roshid Middle Name: Wahidur

First Name: Kosha

First Name: 103402 Tel. Number: 18033149036
Mode of identification: National I.D. [] or Drivers Licence [] or

el. Number: 0803517950
International Passport [] Specify ID, Number:

PART 3: BUSINESS SECTOR CATEGORIES:

Construction ☒ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐ Others (please specify) ... ☐ Telecom ☐ Energy ☐ Agriculture ☐ Oil & Gas ☐ MDAs ☐

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

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

First Name: Amr Surname: Amr
 Official Stamp (if any): KSST



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)

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	Soft	Isaac	62/05/1996	M	Married		07/06/23	Gabriel Soft Isaac	mgr	Abuja	Karu	Abuja	04473 4576 637	04473 4576 637						30,000
2	Joan	marlene	Isaac	20/06/1997	F	Married		07/06/23	Joan marlene Isaac	mgr	Abuja	Karu	Abuja	04473 4576 637	04473 4576 637						30,000
3	Wade	Simon	Osaka	04/02/1994	M	Married		20/06/23	Wade Simon Osaka	mgr	Abuja	Karu	Abuja	04473 4576 637	04473 4576 637						30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					

NSITF KAGANI BRANCH
ACCOUNT UNIT
CHECKED: 14/02/23
Name: [Signature]
Sign: [Signature]
Date: 09/01/2023

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: [Signature] POSITION: mgr