



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 39, 40 and 65 of the ECA 2010).

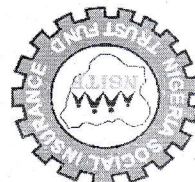
ARO SOFT INTERNATIONAL LIMITED

S N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee nt 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	Armede	Solita	Armede	Armede	11/2/2000	male	married	A1001	July 14 July 2014		Armede Armede MD	Imo	Orlu		08142736. 0818747015		Pass	Armede		Armede	005	90000	
2	Armede	Armede	Armede	Armede	11/2/2000	male	married	A1002	July 14 July 2014		Armede Armede MD	Imo	Orlu		08142736. 0818747015		Pass	Armede		Armede	005	90000	
3	Armede	Armede	Armede	Armede	11/2/2000	male	married	A1003	July 14 July 2014		Armede Armede MD	Imo	Orlu		08142736. 0818747015		Pass	Armede		Armede	005	90000	
4	Armede	Armede	Armede	Armede	11/2/2000	male	married	A1004	July 14 July 2014		Armede Armede MD	Imo	Orlu		08142736. 0818747015		Pass	Armede		Armede	005	90000	
5	Armede	Armede	Armede	Armede	11/2/2000	male	married	A1005	July 14 July 2014		Armede Armede MD	Imo	Orlu		08142736. 0818747015		Pass	Armede		Armede	005	90000	
6	Armede	Armede	Armede	Armede	11/2/2000	male	married	A1006	July 14 July 2014		Armede Armede MD	Imo	Orlu		08142736. 0818747015		Pass	Armede		Armede	005	90000	

Author: J Signatory: Position: Assistant

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

Registration of Employer



ECS.RE.01a

(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) [] *General Contractor*

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: *AROSCEFT INTERNATIONAL LIMITED*
2.2 Incorporation Number: *RC745332*
2.3 Address: *Plot 690 Street, Idumbe*
Local Govt.: *Bushy*
2.4 Postal Address: *Idumbe, Idumbe*
2.5 Tel. No. 1: *08033333333*
2.6 Tel. No. 2: *08033333333*

2.7 Email: *ngenge.indumbe@marathon.com*

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

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: *AROMTE* First Name: *SALISU* Middle Name: *ABDULLAHI*
Tel. Number: *08033333333* Mode of Identification: National ID []
Specify ID Number: *350139901*

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: *AS*

Position: *Director*

Date: *7/5/24*

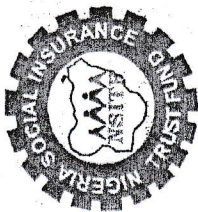
Surname: *AROMTE* First name: *SALISU* Official Stamp (if any):

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

PASSPORT

A black and white portrait of a man with a beard and mustache, wearing a suit and tie. The image is grainy and appears to be a photocopy or a low-quality scan. The man is looking directly at the camera with a neutral expression.

P<NGASALIFU<<AROME<<<<<<<<<<<<<<<<<<<<<<<<<
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AROSOFI INTERNATIONAL LIMITED

S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	Total Monthly Emoluments		Remarks
							N	K	
1	Aronu	Salihu					17000		
2	Ughede	Amos					17000		
3	Chenbanga	Owumang					17000		
	July 2011 - December 2015								
	102 x 54000								
	= 5,400,000								
	Sub/Grand Total:								
	54000								

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official:.....

Amos Salihu

Position:.....

Accountant

Signature/Date:.....

7/5/20