



FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

NSITF (ESTABLISHED BY THE SOCIAL INSURANCE TRUST ACT, 2010)

Any act of omission or commission in an office and is punishable under section 39, 40 and 41 of the ECA 2010.

S	N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alter name of Identity	Means of Identity	Means of Identity	Means of Identity	Next of Kin	Next of Kin Number	NO of Dependents	Monthly
1		LESIMAN	OLATIN	ATOFARAI	Plot 93 Jubilee Estate Loko Goma Abuja		MALE	MARRIED		FEB 2020		CEO	KWARA	EKITI		0825707493		DRIVER LICENSE	ABC41408	ABUJA	OLARISI ATOFARAI			401
2		JOHN	JONATHAN	CHOKWU	No 2 Police Signal Board DUSE ALHAGI ABUJA		MALC	MARRIED				MANAGER	AKWA IBOM	IBISKPO ASUWAN		0811624436					CHOKWU			301
3		ONY		CHOKWU	No 2 Police Signal Board DUSE ALHAGI		FEMALE					SECRETARY	EBONY STATE	IJO		0811624436				JOHN JONATHAN				301
4																								
5																								
6																								

Authorized Signatory:

Name of Officer: John Jonathan

Position: Manager

100

From FEB. 2020 - DEC. 2022
=> 35 Months
19 = 1000 x 35 = 35000

09/06/2022

ACK



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: ATOLINKS ENERGY SOLUTIONS LIMITED

1.2 Incorporation Number: RC1653447 1.3 Address: Street Number:

Street Name: RC1653 UIAKO City: ABUJA

Local Govt: AMC State: FCT

1.4 Postal Address: SUITE A36 EMMANUEL PLAZA UIAKO ABUJA

1.5 Tel Number: 0805707493 1.6 Fax Number:

1.7 Email: ATOLINKSENERGY SOLUTIONS@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 Act? Yes [] No []

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

2.1 Surname: ATOFARATI Middle Name: OLATIAN

First Name: USMAN Position: CEO

Tel. Number: 0805707493 Mode of identification: National I.D. [] or Drivers Licence [] or

International Passport [] Specify ID. Number: ABU41408AB/6

PART 3: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐

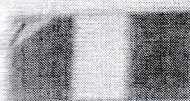
MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☒ Telecom ☐ Others (please specify):

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: Position: CEO Date: 9/6/2022

Surname ATOFARATI First Name: USMAN OLATIAN Official Stamp (if any):



FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

FCT

LNO ABC 1408AB16

PRIVATE

CLASS B

ISS 08-05-2018

D of B 23-04-1977

EXP 23-04-2023

ATOFARATI OLAITAN USMAN
PLOT 93, JUBILATION BETHEL ESTATE
LOKOGOMA
ABUJA, FCT

SEX M HT 1.67M 1st ISS ST FCT

BG O+ FIMARKS N OL N REP 0 REN 1

END P

N of K 08144462293

DATE OF 1st ISS 13-07-2015

HOLDER'S
SIGNATURE

Atofarati

[Signature]

AUTHORISE
SIGNATOR