FEDERAL REPUBLIC OF NIGERIA

…GERIA SOCIAL INSURANCE TRUST FUND (NSITF)

…YEES' COMPENSATION ACT, 2010)

…ees' Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 65 of the ECA 2010).

SN	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment 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
1	USMAN	OLAITAN	ATOFARATI	PLOT 93 JUBILATION BETHEL ESTATE LOKOGOMA ABUJA		MALE	MARRIED		FEB 2020		CEO	KWARA	EKITI		08057074493		DRIVERS LICENCE	ABC41408AB16	ABUJA	OLABISI ATOFARATI			40,
2	JOHN	JONATHAN		NO 2 POLICE SIGN BOARD DUTSE ALHAJI ABUJA		MALE	MARRIED		✓		MANAGER	AKWA IBOM	IBISKPO ASUTAN		0811624436					ONUJI CHOKWU			30,
3	ONY		CHOKWU	NO 2 POLICE SIGN BOARD DUTSE ALHAJI		FEMALE			✓		SECRETARY	EBONY STATE	IJO	08116244361	08116244361					JOHN JONATHAN			30,
4																							
5																							
6																							

Accts

From FEB. 2020 – DEC. 2022

=> 35 months @ = 1000 × 35

= ₦35,000

09/06/2022

Authorized Signatory:.................... Name of Officer: John Jonathan Position: Manager

100

ECS.RE01

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 UTAKO City: ABUJA

Local Govt: AMAC State: FCT

1.4 Postal Address: SUITE A36 EMMANUAL PLAZA UTAKO ABUJA

1.5 Tel Number: 08057077493 1.6 Fax Number:

1.7 Email: Otolinksenergysolutions@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: OLAITAN

First Name: USMAN Position: CEO

Tel. Number: 08057077493 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number: ABC41408AB/16

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 OLAITAN Official Stamp (if any): .....

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

FCT

LNO ABC/1408AB16 PRIVATE CLASS B

ISS 08-05-2018

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

SEX M HT 1.67M 1st ISS ST FCT

BG O+ F/MARKS N GL N REP 0 REN 1

END P

N of K 08144462293

DATE OF 1st ISS 13-07-2015

HOLDER'S SIGNATURE

AUTHORISE SIGNATOR