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).

Employer's Name: AUGUST PRIME LTD Employer's Number

S/N	SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	TOTAL MONTHLY EARNINGS NAIRA (=N=)	K
1	Udume	Emmanuel	John			✓	Male	30000	
2	Frank	John	Ese			✓	Male	30000	
3	Chigozie	Maduebe	Udume			✓	Male	30000	
								90000	

January 2020 – December 2023

1/ = 900 × 48 months

= ₦43200

This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.
This form should be completed any time payment is made.

Authorized Signatory:..... Name of Officer: Udume E. Position: M.D

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

Registration of Employer

(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) [ ].....

PART 2: ORGANIZATION/EMPLOYER INFORMATION: AUGUST PRIME LTD

2.1 Employer Name: ~~MOAH POLO NIG LTD~~ AUGUST PRIME LTD

2.2 Incorporation Number: RC 123318 2.3 Address: Plot 15 Pebble Close Federal Housing Estate Bonishadu

Local Govt.: Enugu State State: Enugu State

2.4 Postal Address:

2.5 Tel. No. 1: 08033578415 Tel. No. 2:

2.7 Email: mapolonig@gmail.com or augustprime@gmail.com

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

2.9 Year of Establishment/Incorporation:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Uduezue Middle Name: Chighoeu

First Name: Emmanuel Position: MD

Tel. Number: Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number:

PART 4: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify):.....

Ground Contractor

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: MD Date: 14/4/22

Surname:..... First name:..... Official Stamp (if any):.....

ECONOMIC COMMUNITY
OF WEST AFRICAN STATES
COMMUNAUTE ECONOMIQUE DES ETATS
DE L'AFRIQUE DE L'OUEST
COMUNIDADE ECONOMICA DOS ESTADOS
DA AFRICA DO ESTE

FEDERAL REPUBLIC OF
NIGERIA
RÉPUBLIQUE FÉDÉRALE DU NIGÉRIA
REPÚBLICA FEDERAL DA NIGERIA

PASSPORT
PASSEPORT
PASSAPORTE

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport

Type / Type: P
Country Code / Code du pays: NGA
Passport No. / Nº Passeport: B5047865O

Surname / Nom: ORUKPE
Given Names / Prénoms: GODWIN
Nationality / Nationalité: NIGERIAN
Date of Birth / Date de Naissance: 14 AUG / AOUT 86
Sex / Sexe: M
Place of Birth / Lieu de Naissance: IRRUA
Date of Issue / Date de Délivrance: 06 APR / AVR 23
Date of Expiry / Date d'Expiration: 05 APR / AVR 33
Authority / Autorité: ABUJA HQRS
Holder's Signature / Signature du Titulaire

Previous Passport / Passeport Précédent: A09012485
NIN: 53105905180

P<NGAORUKPE<<GODWIN<<<<<<<<<<<<<<<<<<<<<<<<