ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Employer's Schedule of Payments

March 2018 – Dec…

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

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Nwankwo	Austine	25/8/198[illegible]			M	40,000		
2	Nwankwo	Tochukwu	14/9/92			M	30,000		
3	[illegible]	Chiamaka	8/4/93			F	30,000		
						Sub/Grand Total:	100,000		

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: Nwakwo O Position: M.D. Signature/Date: Austinez 22/04/22

1% x ₦100,000 = ₦1000 x 58 months = 58,000

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)

S/N	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TLTLE	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	Austin	Amechi	Nwalawo	Ikeja	25/8/1998	M	Married	National ID card	01/01/2021	AUSTINNAZGLOBALs@gmail.com	M.D	Anambra	Idemili North	Obosi	08186096113	08186096113	NIN	Lagos	Tochukwu	3	[illegible]
2	Tochukwu	Christain	Nwalawo	Festac	[illegible]/9/92	M	Single	NIN	01/3/2022		Manager	Anambra	Idemili North	Obosi	[illegible]		NIN	Lagos	Nwalawo	1	[illegible]
3	Obianuju	Chiamaka	Blessing	Okota	[illegible]/11/97	F	Single	NIN	21/11/2021		Secetary	Delta	Oshimili West	Igbanke	09023342980		NIN	Lagos	Christain	1	[illegible]
4																					
5																					
6																					
7																					
8																					
9																					
10																					

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.

AUTHORISED SIGNATORY.. *NAME OF OFFICER*.. *POSITION*..

ECS.RE01

FEDERAL REPUBLIC OF NIGERIA

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: AUSTINNAIA GLOBAL VENTURES NIGERIA LIMITED

1.2 Incorporation Number: RC1478383 1.3 Address: Street Number: 63

Street Name: NO 63 obafemi Awolowo City: Ikeja

Local Govt: Way Ikeja State: Lagos

1.4 Postal Address: NO 63 obafemi Awolowo Way Ikeja

1.5 Tel Number: 08186096113 1.6 Fax Number:

1.7 Email: AUSTINNAIAGLOBAL@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: NWANKWO Amechi Middle Name: AMARACHI CLEVE.

First Name: AUSTIN Position:

Tel. Number: 08186096113 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or International Passport [ ] Specify ID. Number: NIN 24191808336

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

General Contractor

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

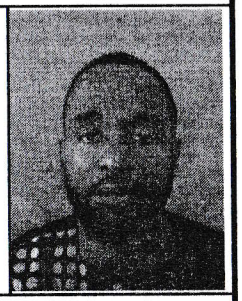
Signature or Thumb Print: ..... Position: M.D Date: 22/04/2022

Surname Nwankwo First Name: Austin Official Stamp (if any): .....

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID:	S7Y0ODIBH0008NE	**Surname:**	NWANKWO-AMECHI	**Address:** 7TH AVENUE PLOT 1776 FESTAC TOWN	
NIN:	24198083336	**First Name:**	AMARACHUKWU		
		Middle Name:	AUSTIN		
		Gender:	M	FESTAC LA	

Note: The ***National Identification Number (NIN) is your identity.*** It is confidential and may only be released for legitimate transactions.

You will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng	**www.nimc.gov.ng**	**0700-CALL-NIMC** **(0700-2255-646)**	**National Identity Management Commission** 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria