ECS.RE.01a

FEDERAL REPUBLIC OF NIGERIA

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:

2.1 Employer Name: BABTAK NIGERIA LIMITED

2.2 Incorporation Number: RC 284764 2.3 Address: PLOT 12B

AJASE STREET WUSE 2

Local Govt.: AMAC State: FCT

2.4 Postal Address: SAME AS ABOVE

2.5 Tel. No. 1: 08144952449 Tel. No. 2:

2.7 Email: baotaknig@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: EKANEM Middle Name: RICHARD

First Name: SARAH Position: REP

Tel. Number: 08144952449 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):....

GENERAL CONTRACTOR

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: REP Date: 19/4/24

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

January 220 December 224

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)

BAOTAK NIGERIA LIMITED

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 TITLE	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	EGANIEM	RICHARD	SHEAFA	baotaknig@gmail.com	1980	F	M	001			REP	CROSSRIVER	AKAMKPA	OKOMITA	08149475845	/	NIN	/	/		30,000
2	USMAN	BAWA		/	1988	M		002			H.R	SOKOTO	KWAMBHAI	SANGODAJI	/	/		/	/		80,000
3	ABASS		DEJI	/	1988	M		003			I.C.T	EKITI	IKERE	OKUKERE	/	/		/	/		200,000
4																					
5																					
6																					

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.....

July 2011 – December 2019

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

102 months.

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

BAOPAK NIGERIA LIMITED.

S/N	Employee Information: Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	Total Monthly Emoluments: N	K	Remarks
1	Elcamen	Sarah	1985		✓	F	18000	00	
				Sub/Grand Total:					

18000 x 102 months

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: Elcamen Sarah Position: Rep Signature/Date: 19/4/20.

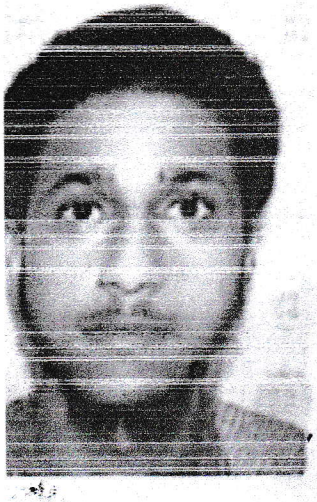
ECONOMIC COMMUNITY
OF WEST AFRICAN STATES
COMMUNAUTE ECONOMIQUE DES ETATS
DE L'AFRIQUE DE L'OUEST
COMUNIDADE ECONOMICA DOS ESTADOS
DA AFRICA DO ESTE

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. / N° Passeport
B01164775

Surname / Nom
IBRAHIM

Given Names / Prénoms
YASIR GARACHI

Nationality / Nationalité
NIGERIAN

Previous Passport / Passeport Précédent
A03881542

Date of Birth / Date de Naissance
27 SEP / SEPT 93

NIN
90962071525

Sex / Sexe
M

Place of Birth / Lieu de Naissance
KADUNA

Date of Issue / Date de Délivrance
07 SEP / SEPT 22

Authority / Autorité
ABUJA HQRS

Date of Expiry / Date d'Expiration
06 SEP / SEPT 27

Holder's Signature / Signature du Titulaire

NGAIBRAHIM<<YASIR<GARACHI<<<<<<<<<<<<<<<<<<