

FEDERAL REPUBLIC OF NIGERIA  
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)  
(Employees' Compensation Act, 2010)

Registration of Employer  
Section 29(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: BASHIRU KOLANOLE WAHEED & Co  
1.2 Incorporation Number: BN3128675 1.3 Address: Street Number: No 1  
Street Name: Emmanuel Udofin Close City: Sunderland (p.she)  
Local Govt: AMAC State: PLT  
1.4 Postal Address: Same as above  
1.5 Tel Number:  1.6 Fax Number:   
1.7 Email: bashirukolanoled@amail.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 Did business start prior to the Act? Yes [ ] No [ ]

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

2.1 Surname: Bashiri Middle Name: Kolanoled  
First Name: Kolanoled (Waheed) Position:   
Tel. Number:  Mode of identification: National I.D. [ ] or Drivers Licence [ ] or  
International Passport [ ] Specify ID. Number:

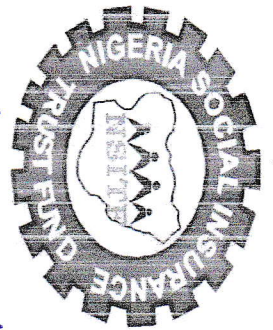
**PART 3: BUSINESS SECTOR CATEGORIES:**

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]  
MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify): General Company

**PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:**

I certify that the above particulars are correct

Signature or Thumb Print: [Signature] Position: MD/CE Date: 25/12/20  
Surname: Bashiri First Name: Kolanoled Official Stamp (if any):



July 2020 — December 2024

# 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 29, 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 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   | Bashari             | Kolawole             | Wheed              | Besdei           | 1975          | M      | M               | 007         | 202             | /              | Mgr       | Ogun            | Obelesha | Obelesha | /                 | /                | Nid               | Ogun                  | /           | 2                 | 2000            |
| 2   | Bashari             | Shanin               | Dasee              | Dasee            | 1992          | M      | M               | 002         | 202             | /              | Admn      | Ogun            | Obelesha | Obelesha | /                 | /                | Nid               | Ogun                  | /           | 2                 | 2000            |
| 3   | Bashari             | Idagad               | Like               | Dadee            | 1990          | F      | M               | 003         | 202             | /              | Sec       | Ogun            | Obelesha | Obelesha | /                 | /                | Nid               | Ogun                  | /           | 2                 | 2000            |
| 4   | Bashari             | Idagad               | Like               | Dadee            | 1990          | F      | M               | 003         | 202             | /              | Sec       | Ogun            | Obelesha | Obelesha | /                 | /                | Nid               | Ogun                  | /           | 2                 | 2000            |
| 5   | Bashari             | Idagad               | Like               | Dadee            | 1990          | F      | M               | 003         | 202             | /              | Sec       | Ogun            | Obelesha | Obelesha | /                 | /                | Nid               | Ogun                  | /           | 2                 | 2000            |

THIS FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEE. THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

AUTHORISED SIGNATORY

Bashari Wheed

NAME OF OFFICER

Bashari Wheed

POSITION

Rep

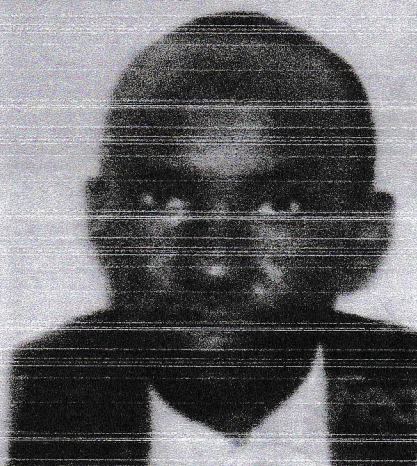
2024

**FEDERAL REPUBLIC OF NIGERIA  
NATIONAL DRIVERS LICENCE**

**REF KUN01418AA01**

**PRIVATE**

**CLASS 1**



**DOB 14-01-1982**

**ISS 17-08-2020**

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**BABA, BASHIR ALHAJI**

**NO 2A, MICHAEL JACKSON CRESCENT  
TAI SOLARIN AV. GWARIMPA PHASE II  
ABUJA, FCT**

**SEX M HT 1.69M 1ST ISS ST FCT**

**BG AB+ F MARKS N GL N REP 0 REM 1**

**END P**

**N OF K 08063862851**

**DATE OF 1ST ISS 12-06-2017**

**HOLDER'S  
SIGNATURE**

**ISSUED BY**