



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).

BASNAH MARK INTEGRATION LTD

S N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee 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 Number	NO of Dependants	Monthly Remuneration
1	OTAH	MATHEW		BANK PLAZA 12/11/1978	M	MARRIED	MARRIED			OTAH23	OTAH23	Kogi	Idah	Idah	08069729513		NIN			070		30,000
2	ONATE	SL-vestor		NNPC 10/10/1991	M	MARRIED	SINGLE			ONATE25	ONATE25	Kogi	Idah		080697281		NIN			17AT		30,000
3	OTO	KENDY		South 11/2/1995	M	SINGLE	SINGLE			OTO26	OTO26	Kogi	Idah		08104933432		NIN			Idah		30,000
June 2023 - December 2024 (19 months) 100,000 x 19% = 19,000																						
90 90,000																						

NSIT KONTAMINANT AGENCY

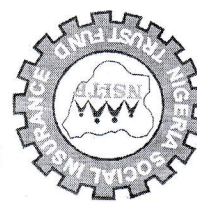
NAME: Ameh

SIGN: [Signature]

DATE: 10/01/2024

Authorized Signatory.....
Name of Officer.....
Position.....

Position:.....



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: BASMAH MMK INTEGRATED LTD

1.2 Incorporation Number: RC 7004392

Street Name: DAVINEY

Local Govt: AMAC

1.4 Postal Address: 08062932571

1.5 Tel Number: 08062932571

1.6 Fax Number: 08062932571

1.7 Email: basma02@yahoo.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: OJAHIS First Name: _____ Middle Name: MATTHEW

Tel. Number: 08062932571

Mode of identification: National I.D. [] or Drivers Licence [] or International Passport [] Specify ID. Number: _____

PART 3: BUSINESS SECTOR CATEGORIES:

MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify): Central Contractor

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [Signature] Position: MD

Surname: OJAHIS First Name: MATTHEW

Date: 18/01/24

Official Stamp (if any): _____

DISCLAIMER

Trust, but verify

Kindly ensure each time this ID is presented, that you verify the credentials using a Government-APPROVED verification resource.
The details on the front of this NIN Slip must EXACTLY match the verification result.

CAUTION!

If this NIN was not issued to the person on the front of this document, please DO NOT attempt to scan, photocopy or replicate the personal data contained herein.

You are only permitted to scan the barcode for the purpose of identity verification.

The FEDERAL GOVERNMENT of NIGERIA assumes no responsibility if you accept any variance in the scan result or do not scan the 2D barcode overleaf

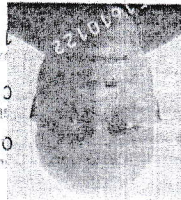
6805 161 0122

National Identification Number (NIN)



NGA

DATE OF BIRTH
11 NOV 1962
CHARLES NNAMDI
OTOGBORO



You may cut it out of the paper, fold and laminate as desired.
For your security & privacy, please DO NOT permit others to make photocopies of this slip.