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).

BASMAH MMK INTEGRATED LTD

S N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment 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	Next of Kin Number	NO of Dependants	Monthly Remuneration
1	OJAHS	MATTEW		Banny Plaza	10/11/198	M MARRIED	MARRIED			Ojahs?@yahoo.com		KOGI	IDAH		08068729513			NIN		OJO			30,000
2																							
3	ONATE	SLYVESTER		NNPC KU[illegible]BWA	10/10/1991	M MARRIED	SINGLE			Onate25@yahoo.com		KOGI	IDAH		07068137281			NIN		IJAH			30,000
4	OJO	KENNDY		Faith Academy	11/2/1995	M SINGLE				Ojo1kennedy@yahoo.com		KOGI	LOKOJA		08104933132			NIN		LOKOJA			30,000
						90																	₦90,000

June 2023 – December 2024 (19 months)
₦90,000 X1% X19 = ₦17,100

NSITF KOGI BRANCH
ACCOUNT UNIT
CHECKED
Name: Ameh
Sign:
Date: 18/01/2024

Authorized Signatory: (signature) Name of Officer: OJAHS Position: MD

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: BASMATH MMK INTEGRATED LTD

1.2 Incorporation Number: RC 7004392 1.3 Address: Street Number: NO 11

Street Name: BANNEX City: FCT

Local Govt: AMAC State: ABUJA

1.4 Postal Address: 08062932571

1.5 Tel Number: 1.6 Fax Number:

1.7 Email: BASCY 92@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: OJAHS Middle Name: MATTEW

First Name: Position:

Tel. Number: 08062932571 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):.....

..... CENTRAL CONTRACTOR .....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: MD Date: 18/01/24

Surname OJAHS First Name: MATTEW Official Stamp (if any): .....

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.

NGA

Surname/Nom
OTOGBORO

Given Names/Prénoms
CHARLES NNAMDI

Date of Birth
11 NOV 1962

National Identification Number (NIN)

6805 161 0122

Kindly ensure you scan the barcode to verify the credentials.

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