



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 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	BELLO	BAKOTI	BADAKA	14, Mich AEC JAK Semi ST.	21-5- 2022	M	Married	001	21-5- 2022	BEE- CUBB INTER 10887	MD	Bauchi	KIRFI	KIRFI	0906 8626 288	NIL	INTER NATION ACTING	FCI	SALISA	2	₦30,000
2	HASHIM	SALISU	BADAKA	14, Mich AEC JAK Semi ST.	06-5- 1976	M	Single	002	21-5- 2022	BEE- CUBB INTER 10887	MD	Bauchi	KIRFI	KIRFI	0906 8626 288	NIL	NIL	NIL	Amadi	1	₦30,000
3	BELLO	M'HAI	BADAKA	14, Mich AEC JAK Semi ST.	12-9- 1991	M	Single	003	21-5- 2022	BEE- CUBB INTER 10887	MD	Bauchi	KIRFI	KIRFI	0906 8626 288	NIL	NIL	NIL	BALA	1	₦30,000
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.

NIN ÷ 39022580626



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(Employees' Compensation Act, 2010)

ECS.RE01

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: BEE CUBE INTEGRATED SERVICES LTD
1.2 Incorporation Number: 1932326 1.3 Address: Street Number: NO 14
Street Name: MICHAEL JACKSON STR. City: GWARIMPA
Local Govt: AMAL State: FCT ABUJA
1.4 Postal Address:
1.5 Tel Number: 07030165367 1.6 Fax Number:
1.7 Email: BEECUBEINTEGRATEDSERVICES@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 Did business start prior to the Act? Yes ☐ No ☒

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

2.1 Surname: BADARA Middle Name: BAKOTI
First Name: BELLO Position: MD
Tel. Number: 070 68628298 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):

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [Signature] Position: ACCOUNTANT Date: 01/07/2022

Surname: AGBAGIE First Name: JULIUS E. Official Stamp (if any):



