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).

BIG DREAMS NETWORK PLUS LIMITED

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	MURUDEEN	IBRAHIM	A	-	29/10/78	M	MARRIED	-	-	-	Accountant	OYO	Atiba	OYO	-	-	-	-	-	-	-	-	30,000
2	PAUL	BLESSING	F	-	4/2/82	F	MARRIED	-	-	-	SEC	Nasarawa	AWE	AWE	-	-	-	-	-	-	-	-	30,000
3	IDOWU	WALE	AYO	-	14/12/90	M	MARRIED	-	-	-	Admin	Ondo	Akure South	IJU	-	-	-	-	-	-	-	-	30,000

SEPT. 2018 — DEC 2023

1% × 90,000 × 900 × 6 months = 57,600

90,000.00

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: Peace O.
Sign: [signature]
Date: 27/12/23

Authorized Signatory: [signature]   Name of Officer: ....   Position: M.D

(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: BIG DREAMS NETWORK PLUS LIMITED

1.2 Incorporation Number: RC1527882 1.3 Address: Street Number: House

Street Name: 13 Mbano Street City: Phase 3 Kubwa

Local Govt: Bwari State:

1.4 Postal Address:

1.5 Tel Number: 08095411269 1.6 Fax Number:

1.7 Email: okeymotors4sure@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: OKECHUKWU Middle Name:

First Name: UWANCHUKWU Position: M.D

Tel. Number: 08095411269 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 CONTRACTOR

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: M.D Date: 27/12/23

Surname OKECHUKWU First Name: UWANCHUKWU Official Stamp (if any): .....

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	Country Code / Code du pays	Passport No. / N° Passeport
P	NGA	B5027924O

Surname / Nom
OFFOR OLIOBI

Given Names / Prénoms
IFY SANDRA

Nationality / Nationalité
NIGERIAN

Previous Passport / Passeport Pré...
A5005367 7

Date of Birth / Date de Naissance
21 AUG / AOÛT 87

NIN
62391284433

Sex / Sexe
F

Place of Birth / Lieu de Naissance
LAGOS

Date of Issue / Date de Délivrance
01 JUN / JUIN 22

Authority / Autorité
ABUJA HQRS

Date of Expiry / Date d'Expiration
31 MAY / MAI 32

Holder's Signature / Signature du Titulaire

P<NGAOFFOR<OLIOBI<<IFY<SANDRA<<<<<<<<<<<<<<

B5027924O2NGA8708210F3205312623912844 33<<<10