BLOOM GATE LIMITED

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Chika	Ezeh	1978			M	30,000	=	
2	Eunice	Ezeh	1982			F	30,000	=	
3	Mike	Umeh	1980			M	30,000	=	
	Jan 2020 - Dec 2023								
						Sub/Grand Total:	90,000	=	

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official: Chika Position: M.D Signature/Date: 29/9/2023

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

Registration of Employer

(Any wrong information/declaration is an offence and is punishable under Sections 39 and 65 of the ECA 2010)

PART 1: TYPE OF BUSINESS

(Mark 'X' as Appropriate)

Public/Private Limited Company [ ] Informal Sector Employer [ ] Partnership [ ] Sole Proprietorship [ ]

Others (please specify) [ ] General Contract.

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: BLOOMGATE LIMITED

2.2 Incorporation Number: RC 685064

2.3 Address: NO 818 CRESCENT NAE PC DIKE

Local Govt.: VALLEY ESTATE State: FCT ABUJA

2.4 Postal Address:

2.5 Tel. No. 1: Tel. No. 2: 08035909521

2.7 Email: ceeverzeh2014@gmail.com

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [ ]. If "Yes", fill attached form (ECS RE01b)

2.9 Year of Establishment/Incorporation:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: CHIKA Middle Name: VICTOR

First Name: EZEH Position: M.D

Tel. Number: 08035909521 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [✓] Specify ID. Number: A05291321

PART 4: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify):....

General Contractor.

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: Position: M.D Date: 29/9/2023

Surname First name Office Stamp (if any)

BLOOM GATE LIMITED

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Chika	Ezeh	1978			M	18,000	=	
2	Eunice	Ezeh.	1982			F	18,000	=	
3.	Mike	Uneh	1980			M	18,000	=	
	Jan 2016 — December 2019				₦25,920				
							Sub/Grand Total:	₦54,000 =	

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official: Chika. Position: M.D Signature/Date: Chika

BLOOMGATE LIMITED

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).

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
Chika	Ezeh	Victor	Dike Crescent NAF	18/5/1978	M	M			Ceevezeh 2014 @gmail.com		Enugu			080 35909521		National Passport	A05279321	FCT			4	18,000

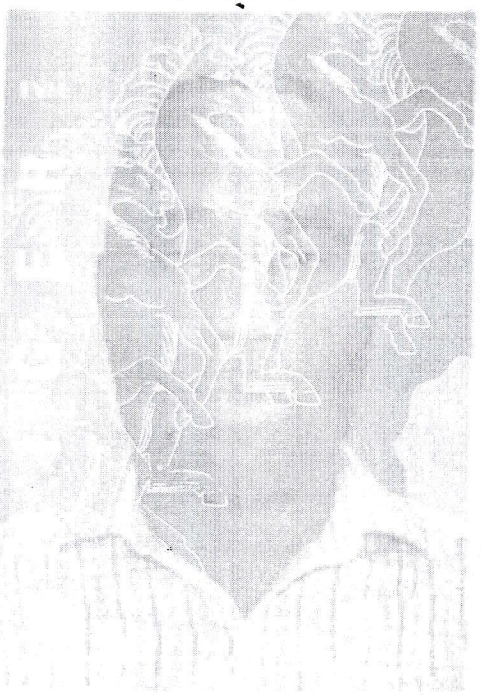
January 2011 — December 2015

₦ 9,720

Authorized Signatory: Chika *Name of Officer:* Chika *Position:* M.D

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT



Type / *Type*
P

Country Code / *Code du pays*
NGA

Passport No / *Passeport N°*
A10356890

Surname / *Nom*
EZEH

Given Names / *Prénoms*
CHIKA VICTOR

Nationality / *Nationalité*
NIGERIAN

Previous Passeport / *Précédente Passeport*
A05299321

Date of Birth / *Date de naissance*
30 SEP / SEP 64

Personal No. / *N° personnel*

Sex / *Sexe* Place of Birth / *Lieu de naissance*
M NSUKKA

Authority / *Autorité*
IKOYI LAGOS

Date of Issue / *Date de délivrance*
25 MAR / MAR 19

Holder's Signature / *Signature du Titulaire*

Date of Expiry / *Date d'expiration*
24 MAR / MAR 24

P<NGAEZEH<<CHIKA<VICTOR<<<<<<<<<<<<<<<<<<<<<<<<

A103568908NGA6409306M2403247<<<<<<<<<<<<<<<00