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).

BOAMI CONSULT LTD

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
Adebayo	[illegible]	Phase 13 Surulere community Oyo State	20/[illegible]/91	m	m	0001		[illegible]	Mar	Oyo	Ibadan	Ibadan	[illegible]	[illegible]	Intl Passport	[illegible]	Michael	Michael	[illegible]		80,000
Mariam	Balogun	NO 34 [illegible] Area Oritta Oyo	21/10/91	F	m	0002		[illegible]	Admin	Oyo	Ibadan	Ibadan	[illegible]	[illegible]	[illegible]	Oyo	Damilola	Damilola	[illegible]		80,000
[illegible]	[illegible]	NO 2 [illegible] Village [illegible] FCT	11/[illegible]/98	F	m	0003		[illegible]	[illegible]	Oyo	Ibadan	Ibadan	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]		80,000
																					90,000

JUNE 2022 — DEC 2023
900 x 19 months
17,100
Acct
18/01/23

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) [ ].....

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: BOAMT CONSULT LIMITED

2.2 Incorporation Number: 1940834 2.3 Address: Phase 13 Sunulene Community OMO TOWN

Local Govt.: OMO State: OMO

2.4 Postal Address: aetor19832@gmail.com

2.5 Tel. No. 1: 09029272407 Tel. No. 2:

2.7 Email: aetor19832@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: 10-06-22

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: MAGBAGBEOLA Middle Name: ABASS

First Name: ADEBAYO Position: MGR.

Tel. Number: 09029272407 Mode of Identification: National ID. [ ]

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

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

CONSULTANCY

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: ABASS Position: MGR Date: 13-01-23

Surname: MAGBAGBEOLA First name: ADEBAYO Official Stamp (if any):.....

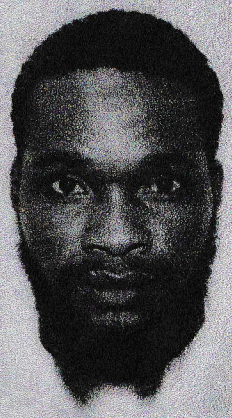
ECONOMIC COMMUNITY
OF WEST AFRICAN STATES
COMMUNAUTE ECONOMIQUE DES ETATS
DE L'AFRIQUE DE L'OUEST
COMUNIDADE ECONOMICA DOS ESTADOS
DA AFRICA DO ESTE

FEDERAL REPUBLIC OF
NIGERIA
RÉPUBLIQUE FÉDÉRALE DU NIGÉRIA
REPÚBLICA FEDERAL DA NIGERIA

PASSPORT
PASSEPORT
PASSAPORTE

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport



Type / Type
P

Country Code / Code du pays
NGA

Passport No. / N° Passeport
B00924854

Surname / Nom
MAGBAGBEOLA

Given Names / Prénoms
ABASS ADEBAYO

Nationality / Nationalité
NIGERIAN

Previous Passport / Passeport Précédent

Date of Birth / Date de Naissance
20 MAY / MAI 91

NIN
13439677795

Sex / Sexe
M

Place of Birth / Lieu de Naissance
OYO

Date of Issue / Date de Délivrance
31 MAY / MAI 22

Authority / Autorité
ABUJA HQRS

Date of Expiry / Date d'Expiration
30 MAY / MAI 27

Holder's Signature / Signature du Titulaire

P<NGAMAGBAGBEOLA<<ABASS<ADEBAYO<<<<<<<<<<<<<<<
B00924854 5NGA9105207M2705309 13439677795<<<90