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 TLTLE	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	SHADRACH		BAKO		25/6/72	M	M		2018		M.D	KADUNA	KADUNA SOUTH	Madalen							₦30,000
2	FELICIA		BAKO		13/12/75	F	M		2018		SECRETARY	KADUNA	KADUNA	MABUSHI							₦30,000
3	EMMANUEL	PANVIL	NEPLE		16/11/94	M	S		2018			PLATEAU									₦30,000
4	ODEY	JUNIOR	OGOH		29/09/97	M	S		2018		SOUND ENGINEER										₦30,000
5																					
6																					
7																					
8																					
9																					
10																					120,000

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.

NAME OF OFFICER POSITION

ECS.RE.01a

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) [ ].....

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: BORN TO LEAD LIMITED

2.2 Incorporation Number: RC1528044 2.3 Address: PLOT BEFA CADESTRAL ZONE KADO ABUJA

Local Govt.: State:

2.4 Postal Address:

2.5 Tel. No. 1: 08037873045 Tel. No. 2:

2.7 Email: borntoLeadbtL@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: 26/09/2018

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: BAKO Middle Name:

First Name: SHADRACH Position:

Tel. Number: 08037873045 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):....

CONSULTING & GENERAL CONTRACTS

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: MD/CEO Date: 14/4/2022

Surname: BAKO First name: SHADRACH Official Stamp (if any):.....

FEDERAL REPUBLIC OF NIGERIA NATIONAL IDENTITY CARD

Surname BAKO

First Name SHADRACH

Middle Name

Maiden Name

Date of Birth 25-06-1972 Height 187 Sex M

Occupation LAWYER Blood Group O+

Applicant's residence :

Address BLK 6 FLT 5 FED HOUSING

Town/Village MAITAMA ABUJA

LGA MUNICIPAL

State ABUJA FCT

Ward PU

We tremble not for