



FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

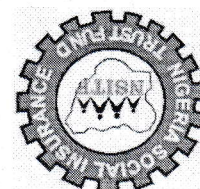
(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

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 TTLTLE	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	SHANBACH		BAKO		29/6/72	M	M		2018		M.D	Kaduna	Kaduna South	Makarfi								₦30,000
2	FELICA		BAKO		13/12/75	F	M		2018		SECT-TH	Kaduna	Kaduna	Makarfi								₦30,000
3	Emmanuel	PAUL	NELE		16/1/94	M	S		2016		SECT-TH	Kaduna	Kaduna	Makarfi								₦30,000
4	DEET	JUNIOR	OCHI		29/09/79	M	S		2018		SECT-TH	Kaduna	Kaduna	Makarfi								₦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



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: BDRN TO LEAD LIMITED
2.2 Incorporation Number: RC1528044
2.3 Address: PLOT
2.4 Postal Address: 08037873045
2.5 Tel. No. 1: 08037873045
2.5 Tel. No. 2:
2.7 Email: born+0694676@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
First Name: SHADRACH
Position: MD/CEO
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:

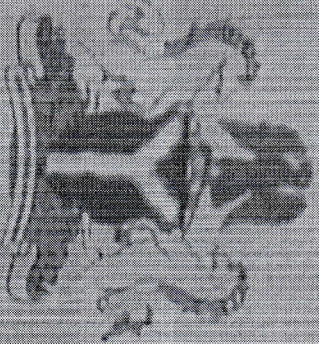
I certify that the above particulars are correct

Signature or Thumbprint: [Signature]
Position: MD/CEO
Date: 14/11/2022

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

Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng

FEDERAL REPUBLIC OF NIGERIA NATIONAL IDENTITY CARD



Surname

BAKO

First Name

SHADRACH

Middle Name

Maiden Name

Date of Birth

25-06-1972

Occupation

LAWYER

Applicant's residence :

Address

BLK 6 FLT 5 FED HOUSING

Town/Village

MATAMA ABUJA

LGA

MUNICIPAL

State

ABUJA FCT

Ward

PU

Height

187

Sex

M

Blood Group

O +

We tremble not for the future of our country