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)

BROLAZ ENTERPRISES

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	JOE TITLE	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											Dir	Kogi	Okene		0813[illegible] 01		Intl Passport	Minna			30,000
2	Siyaka	Ovoo	Rasheed	[illegible]	11/7/90	M	M														
3	Nwaobue		Juliet	[illegible]	1/4/92	F	M				Loc Mgr	Imo	Mbaise		0806[illegible] 81		Nimc Slip				30,000
4																	✓	✓			
5	Abdulkadir		Lawan	Suit C3 CBD	4/4/96	M	M				Acct	Borno	Gwoza		0815[illegible] 23						30,000
6																					
7	January 2020 to December 2023																				
8	48 months x 900																				
9	= ₦43,200																				
10	August 2024 – December 2023 = ₦43,200 + 11,700 = 54,900																				90,000 x 12 = 900

23/1/25

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.

AUTHORISED SIGNATORY..... NAME OF OFFICER Siyaka Rasheed POSITION Dir

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).

BROKAZ ENTERPRISES

S/N	Employee Information: Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	Total Monthly Emoluments: N	K	Remarks
1.	Siyaka	Rashead O.	11/7/90		✓	M	18,000	00	
	August 2014 – December 2019 65 months x 180 = ₦11,700								
	Sub/Grand Total:						18,000	00	

180

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: Siyaka Rasheed Position: Dir Signature/Date:

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: BROLAZ ENTERPRISES

2.2 Incorporation Number: CG29251 2.3 Address: Suite 43 Dimitri Plaza CBD Abuja

Local Govt.: Amac State: FCT

2.4 Postal Address:

2.5 Tel. No. 1: 08063041481 Tel. No. 2:

2.7 Email: zzeenddconsultt@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: 2014

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Siyaka Middle Name: Awwal

First Name: Rasheed Position: Mgr

Tel. Number: 08063041481 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [✓] Specify ID. Number: A09346699

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

G/Contract

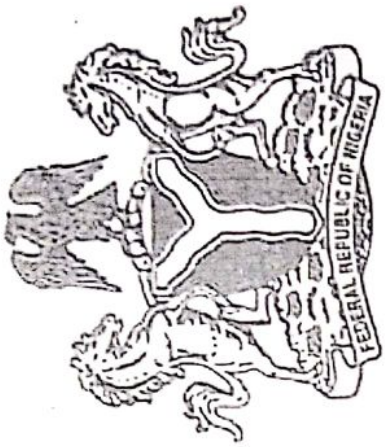
.....

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: Mgr. Date: 23/1/23

Surname: Siyaka First name: Rasheed Official Stamp (if any):.....



These are to request and require in the name of the President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria all those whom it may concern to allow the bearer to pass freely without let or hindrance and to afford him or her every assistance and protection of which he or she may stand in need.

A 09346699

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

Type / *Type*
P

Country Code / *Code du pays*
NGA

Passport No. / *Passeport N°*
A09346699

Surname / *Nom*
SIYAKA

Given Names / *Prénoms*
RASHEED OVORO

Nationality / *Nationalité*
NIGERIAN

Date of Birth / *Date de naissance*
11 JUL / JUL 90

Personal No. / *N° personnel*

Sex / *Sexe*
M

Place of Birth / *Lieu de naissance*
OKENE

Authority / *Autorité*
MINNA

Date of Issue / *Date de délivrance*
05 JUN / JUN 18

Holder's Signature / *Signature du titulaire*

Date of Expiry / *Date d'expiration*
04 JUN / JUN 23

P<NGASIYAKA<<RASHEED<OVORO<<<<<<<<<<<<<<<<<<<<<<
A093466996NGA9007116M2306049<<<<<<<<<<<<<<<02