FEDERAL REPUBLIC OF NIGERIA

# NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

**(Employees' Compensation Act, 2010)**

## Registration of Employer

*Section 39(1)*

Mark 'X' as Appropriate
Public/Private Companies [✓] Informal Sector Employer [ ] Partnership [ ]
Sole Proprietorship [ ] Others (please specify) [ ]

**PART 1: PARTICULARS OF BUSINESS** (for MDAs, public and private companies):

1.1 Employer Name: CANEKAS LIMITED

1.2 Incorporation Number: 6896685 1.3 Address: Street Number: 23A

Street Name: VICTORIA ISLAND City: ADEOLA ADEKU

Local Govt: ETI-OSA State: LAGOS

1.4 Postal Address: LAGOS

1.5 Tel Number: 07012116789 1.6 Fax Number:

1.7 Email: peter@acuteatlantic.com

1.8 Does Employer operate in other locations? Yes [ ] No [✓]. 1.9 If yes give details: .....

.....

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [ ] No [ ].

1.11 Act? Yes [ ] No [✓]

**PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION** (for Partnership & Sole Proprietorship):

2.1 Surname: ODIMMA Middle Name: ONYIA

First Name: PETER Position: CEO

Tel. Number: Mode of identification: National I.D. [ ] or Drivers Licence [✓] or

International Passport [ ] Specify ID. Number: EKY879004A21

**PART 3: BUSINESS SECTOR CATEGORIES:**

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

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

.....

**PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:**

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: CEO Date: 17/04/23

Surname Odimma First Name: Peter Official Stamp (if any): .....

# 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)*

CANEKAS LIMITED

| 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 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 | Tojin | Funsho | James | Ikeja | 4/4/1977 | | Single | 001 | 3/3/23 | Tojinsho@gmail.com | Manager | Lagos | Ikeja | Lagos | | | Nin | Lagos | | | 30,000 |
| 2 | Bukola | Ruth | Idowu | Victoria Island | 17/1/2000 | | Single | 002 | 3/3/23 | Ruthidowu12@gmail.com | Supervisor | Lagos | Ikeja | Lagos | | | Nin | Lagos | | | 30,000 |
| 3 | Shola | Adeyemi | Disu | Victoria Island | 11/1/1990 | | Single | 003 | 3/3/23 | Sholadisu1@gmail.com | Marketing | Lagos | Ikeja | Lagos | | | Nin | Lagos | | | 30,000 |
| 4 | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | 30,000 |

March 2023 to December 2023

*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*.....

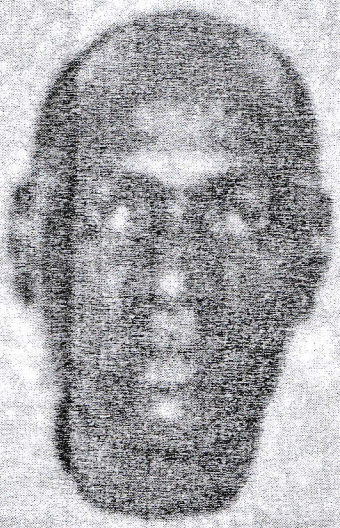
*NAME OF OFFICER*..... Ibu Cecilia

*POSITION*..... Manager

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

LAGOS STATE

LIC NO. EKY/[illegible]/AA/11 PRIVATE CLASS R



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PETER, ONYIA ODIMMA
72A, ADEOLA ODEKU STR
VICTORIA ISLAND
ETI-OSA, LAGOS

SEX M HT 1.70M 1st ISS ST OGU
BG UNK F/MARKS N GL N REP 0 REN 1
END P
N of K [illegible]
DATE OF 1st ISS 29-03-2011

HOLDER'S SIGNATURE

AUTHORISE SIGNATOR