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: CAVALLO ENERGY NIGERIA LIMITED

2.2 Incorporation Number: RC1261028 2.3 Address: BLOCK 43

C CLOSE, OAU QUATERS MAITAMA

Local Govt.: AMAC State: ABUJA

2.4 Postal Address:

2.5 Tel. No. 1: 08037554559 Tel. No. 2:

2.7 Email: odum.ifeoma@yahoo.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: 15-05-2015

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: ODUM Middle Name: IFEOMA

First Name: FRANCESCA Position:

Tel. Number: 08037265788 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [✓] Specify ID. Number: B50287014

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

GENERAL CONTRACT

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: MD Date: 6/7/2023

Surname: ODUM First name: FRANCESCA Official Stamp (if any):.....

CAVALLO ENERGY NIGERIA LIMI..

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																					
2	AKHABUE	CHRIS	ONOBUN	153 Adetokunbo, Ademola, Wuse 2 Abuja	21/1/76	M	married	CC001			MD	Edo	Esan west	Irrukpen	08037265788	—	Passport	Abuja	Jasm	—	30,000
3																					
4	FRANCESCA	IFEOMA	OJUM	153 Ade-tokunbo Ademola Wuse 2 Abj	6/7/83	F	married	CC017		akhaschris@yahoo.com	mgr	Delta	Asaba	Asaba	08037554559	—	passport	Asaba	Joy	0	30,000
5																					
6	DANIEL		AGADA	House	12/12/80	M	married	CC024			mgr	Benue	Apa	Apa	08064281973	—	DL	Nasarawa	Mary	—	30,000
7																					
8																					
9																					
10																					90,000

Jan 2020 — Dec 2023
900 X 48months = 43,200
May 2015 - Dec 2023
34,200 + 43,200 = 77,400

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 ODUM FRANCESCA

POSITION..........

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: Odili
Sign:
Date: 06/02/2023

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, 49 and 65 of the ECA 2010).

CAVALLO ENERGY NIGERIA LIMITED

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Akhabue	C. Onobun	21/1/76	✓		m	20,000		
2	Odum	F. Ifeoma	6/7/83	✓		F	20,000		
3	Agada	Daniel	12/12/80	✓		m	20,000		
						Sub/Grand Total:	60,000		

May 2015 - Dec 2019
600 x 57 months
34,200

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name:
Sign:
Date:

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.

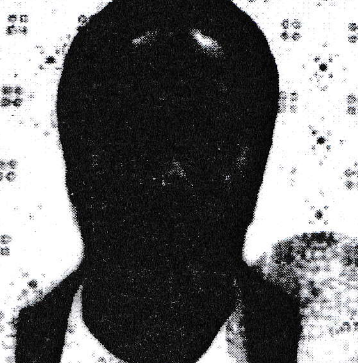
Authorized Official: ODUM FRANSCESCA **Position:** for MD **Signature/Date:**

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: B50287014
Surname / Nom: ODUM
Given Names / Prénoms: FRANCESCA IFEOMA
Nationality / Nationalité: NIGERIAN
Previous Passport(s) / Passeport(s) Précédent(s): [illegible]
Date of Birth / Date de Naissance: 06 JUL / JUL 83
NIN: 87475079985
Sex / Sexe: F
Place of Birth / Lieu de Naissance: ASABA
Date of Issue / Date de Délivrance: 30 AUG / AOÛT 22
Authority / Autorité: ASABA
Date of Expiry / Date d'Expiration: 29 AUG / AOÛT 32
06.07.1983
Holder's Signature / Signature du Titulaire

P<NGAODUM<<FRANCESCA<IFEOMA<<<<<<<<<<<<<<<<<<<

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