

CKIC Logistic Venture Ltd

FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)

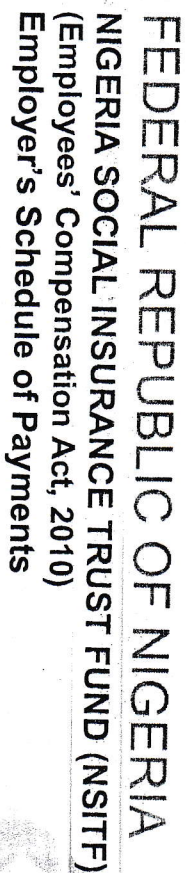
EMPLOYEES' SCHEDULE OF PAYMENT

(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 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	Okonkwo	Anthony	Chukwura	6, edo ghoghho close off state Rd, Benin, edo, Benin city	10-24-1962	male	married	March 2012	Noted	drchukwura@gmail.com	Director	Benin	Benin city	Benin	08037274977	✓	01		Kate Okonkwo	2	#12000
2	Okonkwo	Kate				female	single	March 2018	Noted	drchukwura@gmail.com	Secretary	Benin	Benin city	Benin	08037274977	✓	02		Anthony Okonkwo	2	#12000
3	Okonkwo	Reckless	Chukwura			female	married	March 2018	Noted	drchukwura@gmail.com	Manager	Benin	Benin city	Benin	08037274977	✓	03		Reckless Okonkwo	2	#12000

54,800

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.



(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010),

Employee Information							Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Okonkwo Anthony Emmanuel		05/11/94	✓		M	32,000	00	
2	Ikechukwu Jude	Alexander Okonkwere	16/11/96	✓		F	32,000	00	
3	Okonwue	Kate	25/11/98	✓		F	30,000	00	
Sub/Grand Total:							90,000	00	

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: Dkonkwa Kede Position: Secretary Signature/Date: 18/5/2023 sk



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: **CHIC LOGISTICS VENTURE LTD**

2.2 Incorporation Number: **RC 1479467** 2.3 Address: [] [] [] [] [] []

No 48 Beechwood Avenue

Minifa Garden Estate

Local Govt.: **Lokogona, Abuja**

State: **FCT**

2.4 Postal Address: []

2.5 Tel. No. 1: **08037274977**

Tel. No. 2: **08060613221**

2.7 Email: **chickonkwo@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: **26-03-2018**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **OKONKWO** Middle Name: **ANTHONY**

First Name: **CHUKWUNWENDU** Position: **DIRECTOR**

Tel. Number: []

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 **4** Others (please specify):....

general contract

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: **Kate Okonkwo** Position: **Secretary** Date: **17/5/2023**

Surname: **Okonkwo** First name: **Kate** Official Stamp (if any): **[Signature]**



FEDERAL REPUBLIC OF NIGERIA
 NATIONAL ELECTORAL COMMISSION

VOLETS CARD
 VNR PAGE 3521 2050 2074 704
 QNAM EDO 1 QREDO
 OGUL

OKONKWO, CHUKWUNWENDU ANT

DATE OF BIRTH 16-02-1965
 SEX MALE

OCCUPATION
 PUBLIC SERVANT

EDORAHOGHO CLOSE OFF ETETE ROAD
 GRA BENNY QIR

