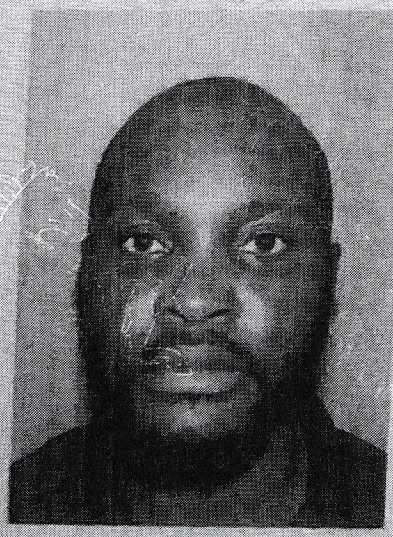
These are to request and require in the name of the President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria all those whom it may concern to allow the bearer to pass freely without let or hindrance and to afford him or her every assistance and protection of which he or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

A 10328836

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT



Type / *Type*
P

Country Code / *Code du pays*
NGA

Passport No. / *Passeport N°*
A10328836

Surname / *Nom*
SASSOU

Given Names / *Prénoms*
DAYO DAVID

Nationality / *Nationalité*
NIGERIAN

Previous Passport / *Précédente Passeport*
A06022813

Date of Birth / *Date de naissance*
22 SEP /SEPT 80

Personal No. / *N° personnel*

Sex / *Sexe* Place of Birth / *Lieu de naissance*
M LAGOS

Auth[illegible]
AB[illegible]HORS

Date of Issue / *Date de délivrance*
18 MAR /MARS 19

Holder's Signature / *Signature du Titulaire*

Date of Expiry / *Date d'expiration*
17 MAR /MARS 24

P<NGASASSOU<<DAYO<DAVID<<<<<<<<<<<<<<<<<<<<<<

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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: COASTAL CANAL ENERGY NIGERIA LIMITED

2.2 Incorporation Number: RC 2003893 2.3 Address: A020

Bells of Ireland street mothercoshore Estate Lekki

Local Govt.: LAGOS State:

2.4 Postal Address:

2.5 Tel. No. 1: 08092429689 Tel. No. 2:

2.7 Email: coastal@247-com@gmail.

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [ ]. If "Yes", fill attached form (ECS RF01b)

2.9 Year of Establishment/Incorporation: 24/11/2022

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: SASSOV Middle Name: DAVID

First Name: DAYO Position: DIRECTOR

Tel. Number: 08092429689 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [✓] Specify ID. Number: A06022813

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

General Contractor

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: ..... Position: Director Date: 19/12/2022

Surname: Sassov First name: Dayo 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)

	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	Sassov	Dayo	David		22/09/1980	M	Married				Director						International Passport			2	
2	Abolurin	Dupe			8/11/84	F	Married	002			manager	Osun	Ife				National ID	Osun		3	
3	Alcinyan	Ore			8/18/1993	F	Single	003			Secretary	Ogun	Osogbo	Ibadan			National ID			1	
4																					
5																					
6																					
7																					
8																					
9																					
10																					

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*..... Dayo *POSITION*..... Director

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).

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Sasson	Dayo David	22/09/80			M			
2	Alolwrm	Dupe	8/2/1984			F			
3	Alonyemi	Ore	8/8/1992			M			
						Sub/Grand Total:			

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:..... Position: Director Signature/Date: 19/12/22