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).

CODELGENE AND KNOX LIMITED

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Iyiegbu Timothy	Onyeka	10/10 1981	✓		M	₦30,	000	
2.	Iyiegbu Caroline		25/12/ 1978	✓		F	₦40,	000	
3	Iyiegbu Paul		13/9 1980	✓		M	₦30,	000	
4.	Jahka Faith	Merciful	18/9 1983	✓		F	₦30,	000	
							₦150,	000	
						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: MD ..... Signature/Date: 15/3/2022

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

CODELGENE AND KNOX LIMITED

(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	Timothy	Onyeka	Iyiegbu	12 Apapa Stri Lugbe	10/10 1981	M	Married	001	20/2 2022	Iyiegbujustic@gmail	MD	Delta	Aniocha	Warri	080 26892 11	-	International Passport	FCT	Mary Iyiegbu	2	₦5
2	Caroline		Iyiegbu	House 6 Zone 4 Wuse	25/12/ 1978	F	Married	002	20/2 2022	Caroline@gmail	Dir of Trans	Imo	Owerri	Owerri	08060 1323 59	-	Driver's licence	FCT	Okorie John	4	₦40
3	Luke		Iyiegbu	4 Jordan Street Garki	13/9 1980	M	Single	003	3/3/ 2022	Luke peg mail	Project Mgr	Delta	Agbor	Asaba	08038 7492 64	-	Driver's licence	FCT	Paul Iyiegbu	-	₦30
4	Faith	Merciful	Jahka	4 Engka Street Garki	18/9/ 1983	F	Married	004	21/2 2022	Faith nowo@gmail	Office Asst	Rivers	Obio Akpor	Rukpo, Kd	08099 4425 35	-	Voters Card	FCT	Henry Jahka	3	₦30
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: [signature] NAME OF OFFICER: Timothy Iyiegbu POSITION: MD

ECS.RE01

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: Godfgene And Kndx Limited

1.2 Incorporation Number: RC 1885341 1.3 Address: Street Number: House1

Street Name: Zone 11 Kubwa City: FCT

Local Govt: AMAC State: FCT Abuja

1.4 Postal Address: Same as above

1.5 Tel Number: 08026189211 1.6 Fax Number:

1.7 Email: iyiegbuyustice@gmail.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: Iyiegbu Middle Name: Onyeka

First Name: Timothy Position: MD

Tel. Number: 08026189211 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or International Passport [✓] Specify ID. Number: A11426078

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [signature] Position: MD Date: 15/3/2022

Surname: Iyiegba First Name: Timothy 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 11426078

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

Type / *Type*: P

Country Code / *Code du pays*: NGA

Passport No. / *Passeport N°*: A11426078

Surname / *Nom*: IYIEGBU

Given Names / *Prénoms*: TIMOTHY ONYEKA

Nationality / *Nationalité*: NIGERIAN

Previous Passport / *Précédents Passeport*: A06903062

Date of Birth / *Date de naissance*: 10 OCT / OCT 81

Personal No. / *N° personnel*:

Sex / *Sexe*: M

Place of Birth / *Lieu de naissance*: AZIA

Authority / *Autorité*: WARRI

Date of Issue / *Date de délivrance*: 02 JUL / JUL 20

Holder's Signature / *Signature du Titulaire*:

Date of Expiry / *Date d'expiration*: 01 JUL / JUL 25

P<NGAIYIEGBU<<TIMOTHY<ONYEKA<<<<<<<<<<<<<<<<<<<<

A11426078<3NGA8110103M2507019<<<<<<<<<<<<<<<02