



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

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

S/N	EMPLOYEE FIRST NAME	SS	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	Pius		BAM																		300
2	MELA		DULET																		300
3	Imeh		Imi																		300
4																					300
5																					300
6																					300
7																					300
8																					300
9																					300
10																					300

THIS FORM SHOULD BE FULLY COMPLETED AND SIGNED

February 2023 - December 2023

900 X 11 MONTHS = 9,900

900

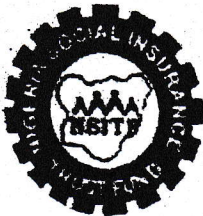
February 2023 - December 2023
900 X 11 MONTHS = 9900

THIS FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF PAYMENTS OF THE EMPLOYEES.
THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

SIGNATURE OF EMPLOYER

Pius Bam

POSITION: MANAGER



FEDERAL REPUBLIC OF NIGERIA
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(Employees' Compensation Act, 2010)

ECS.RE01

Registration of Employer
Section 38(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: BOROMI BUS
1.2 Incorporation Number: 875050 1.3 Address: Street Number: 101
Street Name: HOH PLAZA City: Banki Age
Local Govt: Amara State: Delta
1.4 Postal Address:
1.5 Tel Number: 8873301141 1.6 Fax Number:
1.7 Email: boromi@boromi.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 Did business start prior to the Act? Yes ☐ No ☐

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

2.1 Surname: Nwagwu Middle Name:
First Name: Nwagwu Position:
Tel. Number: 8873301141 Mode of Identification: National I.D. ☐ or Drivers Licence ☐ or
International Passport ☐ Specify ID. Number:

PART 3: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐
MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify) Commerce

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [Signature] Position: Sema Date: 22/2/2020
Surname: Nwagwu First Name: Nwagwu Official Stamp (if any):

National Identity Management System

Federal Republic of Nigeria

(Enrollment Transaction Slip)



Tracking ID:	S7Y0O0ZKV00059Q	Surname:	USMAN	
Registration Centre:	FC DUTSE ERC	First Name:	UMARU	
Registration Date:	25/05/2018	Middle name:		
Enroller's ID:	ISAAC	Gender:	Male	

Note: The transaction slip does not confer the right to the National Identification Number nor Card (for any enquiries please contact):

helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CLIL-NIMC (0700-255-846)	National Identity Management Commission Bodele Crescent, Old Daura Road, Zone 5 Phase, Abuja, Nigeria
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