FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

1107-9624-0258.

(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)

YORONGOSO GLOBAL LTD

S/N	EMPLOYEE FIRST NAME	ss	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TITTLE	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																		
2	MELA		JULIET																		3D
3	Imeh		Ini																		3D
4																					30,0
5																					
6																					
7																					
8																					
9																					
10																					

FEBRUARY 2023 — DECEMBER 2023

900 X 11 MONTHS = N9,900

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 Pius BAM POSITION MANAGER

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:

1.2 Incorporation Number: 1.3 Address: Street Number:

Street Name: City:

Local Govt: State:

1.4 Postal Address:

1.5 Tel Number: 1.6 Fax Number:

1.7 Email:

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: Middle Name:

First Name: Position:

Tel. Number: 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):.....

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: ..... Date: 22/2/22

Surname ..... First Name: ..... 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-CALL-NIMC

(0700-255-646)

National Identity Management Commission

[illegible] Sokode Crescent, Oni Dada Street, Zone 5 Wuse, Abuja Nigeria