FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
EMPLOYEES' COMPENSATION ACT, 2010)
Employees' Schedule of Payments
(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 65 of the ECA 2010).

SN	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identity	Means of Identity Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration
1	Musa		Rabiu	Street Maiduguri		m	m	001			M.D	Maiduguri	Bulori	Maiduguri	080259872 56				43,200				30,000
2	Luqman		Sani	Okleni layout		m	m	002	dadayo@gmail.com		SEC	✓	✓	✓	✓				10,440 53,640				30,000
3	Sanin		Sani	NO 2 Bulori		m	m	003			Acct	✓	✓	✓	✓								30,000
4			JAN 2020 – Dec 2023																				
5			900 X 48 months = 43,200																				
6																							90,000

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

Employees' Schedule of Payments

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Employer's Name: DADAYE GLOBAL INVESTMENT LTD **Employer's Number**

S/N	SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	TOTAL MONTHLY EARNINGS NAIRA (=N=)	TOTAL MONTHLY EARNINGS KOBO (K)
1	Musa	Rabiu					M	18,000	
2	Ibrahim	Sani					M	18,000	
	AUGUST 2017	—	DEC	2019				7	
	360	x	29 months	=	10,440				
								36,000	

This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.
This form should be completed any time payment is made.

Authorized Signatory: ..... *Name of Officer:* Musa *Position:* M.D

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: DADAYE GLOBAL INVESTMENT LTD

1.2 Incorporation Number: 1428400 1.3 Address: Street Number: No 2

Street Name: Owerri Street, Bolori City: Layout

Local Govt: Bolori State: Maiduguri

1.4 Postal Address:

1.5 Tel Number: 08025967256 1.6 Fax Number:

1.7 Email: dadayeg@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 Did business start prior to the Act? Yes [ ] No [ ]

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

2.1 Surname: Musa Middle Name:

First Name: Rabiu Position: M.D

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: M.D Date: 24/8/2023

Surname Musa First Name: Rabiu Official Stamp (if any): .....