



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
EMPLOYEES' SCHEDULE OF PAYMENTS

(Any wrong information furnished is an offence and is punishable under sections 39, 40 and 45 of the FICA 2010)

S	Employee N First Name	Employee Middle Name	Employee Last Name	Employee Address	DO B	Ge nd er	Mar ital Stat us	Employee ID	Employee Date	Employee Email	Job Title	State of Origin	Local Governme nt Area	Town	Cont act Phon e	Alter nation of Phon e	Means of Identify r	Means of Identify State	Next of Kin Number	NO of Dependant s	Monthly Remuneration
1	Musa		Rabin	Street Maidugui		m	m	001			M. D	Maidugui	Buloni	Maidugui	050259872	56			43,200		0001
2	Luguel		Sami	Okwiri Lagant		m	m	002			SEC								10,440		0001
3	Jamin		Sami	NO 2 Buloni		m	m	003			Acct										0001
4																					
5																					
6																					

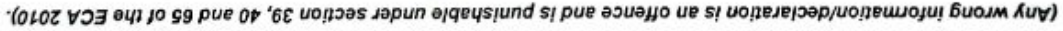
1st 2020
900 x 48 weeks = 43,200

1st Dec 2023

43,200
10,440
53,640

0001

(EMPLOYEES' COMPENSATION ACT, 2010)
Employees' Schedule of Payments



DATE: 21/07/2024

S/N	SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	NAIRA (=N=)	KOBO (K)
								TOTAL MONTHLY EARNINGS	

S/N	SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	NAIRA (=N=)	KOBO (K)	TOTAL MONTHLY EARNINGS
1	Musa	Harun					M	18,000		18,000
2	Yaqwan	Sam					M	18,000		18,000
August 2017 - OCT 2019 $360 \times 29 \text{ weeks} = 10,440$ $10,440 + 18,000 = 28,440$										

Position: **M.D**

Name of Officer: **Musa**

Authorized Signatory: 

This form should be 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: 

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

Name of Officer:

Musa

Position:

D.M.



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)

ECS.RE01

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: DAJADE GADGBATZ ILLCESTMENT LTD
- 1.2 Incorporation Number: 1428410 1.3 Address: Street Number: X102
Street Name: Overem Street, Balon City: Lagos
Local Govt: Balon State: Maiduguri
- 1.4 Postal Address: _____ 1.6 Fax Number: _____
- 1.5 Tel Number: 08023967256
- 1.7 Email: daajade@jamil.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: Rashid 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: Rashid Official Stamp (if any): _____