





**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).*

*Da can investments limited*

| Employee Information |                             |             |               |                   |                   | Total Monthly Emoluments |        | Remarks |
|----------------------|-----------------------------|-------------|---------------|-------------------|-------------------|--------------------------|--------|---------|
| S/N                  | Surname                     | Other names | Date of Birth | Old Staff? (Tick) | New Staff? (Tick) | Gender                   | N      | K       |
|                      | Idris                       | Abdullahi   |               |                   |                   |                          | 20,000 |         |
|                      | <i>July 2011 - Dec 2011</i> |             |               |                   |                   |                          |        |         |
|                      | <i>102 months x 200</i>     |             |               |                   |                   |                          |        |         |
|                      | <i>20,400</i>               |             |               |                   |                   |                          |        |         |
|                      | <b>Sub/Grand Total:</b>     |             |               |                   |                   |                          |        |         |
|                      | <i>20,000</i>               |             |               |                   |                   |                          |        |         |

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: *Uman Magaji*

Position: *Supervisor*

Signature/Date: *[Signature]*



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**NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)**  
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**Registration of Employer**

(Any wrong information/declaration is an offence and is punishable under Sections 39 and 65 of the ECA 2010)

**PART 1: TYPE OF BUSINESS**

(Mark 'X' as Appropriate)

Public/Private Limited Company [ ] Informal Sector Employer [ ] Partnership [ ] Sole Proprietorship [ ]

Others (please specify) [ ] .....

**PART 2: ORGANIZATION/EMPLOYER INFORMATION:**

2.1 Employer Name: DALCON INVESTMENT LIMITED

2.2 Incorporation Number: 2821449

2.3 Address: Suite 173

Efficient Continental Plaza, GWA-GWA

Local Govt.: Abia

State: Abia

2.4 Postal Address: .....

2.5 Tel. No. 1: 08061013411

Tel. No. 2: .....

2.7 Email: dalconinvestments@gmail.com

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [ ]. If "Yes", fill attached form (ECS RE01b)

2.9 Year of Establishment/Incorporation: 1995

**PART 3: PARTICULARS OF CONTACT PERSON**

3.1 Surname: NASIRU

Middle Name: MAGASI

First Name: Usman

Position: .....

Tel. Number: .....

Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number: .....

**PART 4: BUSINESS SECTOR CATEGORIES:**

Construction ☐

Mining ☐

Banking & Finance ☐

Manufacturing ☐

Aviation ☐

MDAs ☐

Oil & Gas ☐

Agriculture ☐

Energy ☐

Telecom ☐

Others (please specify):....

General

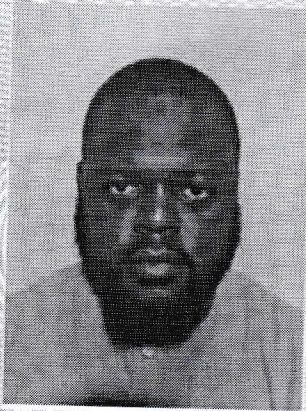
**PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:**

I certify that the above particulars are correct

Signature or Thumbprint: [Signature] Position: Supervisor Date: 10/3/24

Surname: Nasiru First name: Usman Official Stamp (if any): .....

FEDERAL REPUBLIC OF NIGERIA  
DIGITAL NIN SLIP



SURNAME/NOM  
**NASIRU**

GIVEN NAMES/PRÉNOMS  
**USMAN MAGAJI**

DATE OF BIRTH  
**10-10-1984**

SEX/SEXE  
**M**



**NGA**

ISSUE DATE  
**30-01-2024**

National Identification Number (NIN)  
**69909459765**

**DISCLAIMER**

*Trust, but verify*

Kindly ensure each time this ID is presented, that you verify the credentials using a Government-APPROVED verification resource. The details on the front of this NIN Slip must EXACTLY match the verification result.

**CAUTION!**

If this NIN was not issued to the person on the front of this document, please DO NOT attempt to scan, photocopy or replicate the personal data contained herein. You are only permitted to scan the barcode for the purpose of identity verification.

The FEDERAL GOVERNMENT of NIGERIA assumes no responsibility if you accept any variance in the scan result or do not scan the 2D barcode overlaid