



ECS.RE.01a

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

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: DAN AREWA SHELTER NIGERIA LIMITED

2.2 Incorporation Number: RC 7318188
Williams Street

2.3 Address: 3/10
Utako

Local Govt.: State:

2.4 Postal Address:

2.5 Tel. No. 1: 08066675256 Tel. No. 2:

2.7 Email: Almubees55@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: 27th JAN 2024

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: MUBARAK Middle Name: Musa

First Name: SALIU Position: MD

Tel. Number: 080666075256 Mode of Identification: National ID. ☒

Driver's License [] International Passport [] Specify ID. Number: 97536312722

PART 4: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐

MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify):...

REAL ESTATE

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: Position: MD Date: 14/2/24

Surname: MUBARAK First name: SALIU Official Stamp (if any):

Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng



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 45 of the ECA 2010)

DAN AREWA SHELTER NIGERIA LIMITED

S N	Employee 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 Phon e	Means of Identify r	of Identify Numb er	of Identify Issue State	Next of Kin	Next of Kin Number	NO of Dependant s	Monthly Remuneration
1	Mubarak	Saliu	Musa		7/2/82	m	m			Almubee55@gmail.com		Niger	Minna	Suleja	08066075258		VIN	260124672	Abaya				30,000
2	Fatima	Mubarak	Musa		3/6/80	x	m					Niger	Minna	Suleja	08064566458		VIN	523126072	Abaya				30,000
3	Abelul	Ahmed	Musa		6/6/87	m	m					Niger	Minna	Suleja	08033491080		VIN	3160052432	Abaya				30,000
4																							

FB 2024 - DECEMBER 2024

1% of 90,000 = 900 X 12 months = 9,900

MUBARAK SALIU MUSTA

14/2/24