

FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(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)

S/N	EMPLOYEE FIRST NAME	SS	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TITLE	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
1	Bello	Mustapha			09/03/1980	M	Married		Dec 2022		Director	Bauchi	Bauchi		08053322353		N/D	ASG		
2	Danlodi	Queneri			20/05/1987	F	Married		Dec 2022		PR	Gombe	Gombe		08065148567		N/D	ASG		
3	Abdullahi	Abdullah	Danlodi		10/04/2001	M	Single		Dec 2022		Secy	Tigana	Dutse		0802548615		N/D	ASG		
4																				
5																				
6																				
7																				
8																				
9																				
10																				

JULY 2011 - DEC 2019

540 X 102 months

SS, 080

~~SS, 080~~

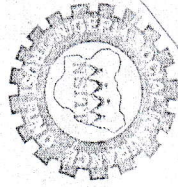
THIS FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

Bello Mustapha

Bello Mustapha

MD

Dan Shethi A
Services Ltd



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).

Employer's Name:

Dr. Sheila Global Services Limited

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=)	KOBO (K)
1	Bello	Musmtha		07/03/1980		✓	M	30,000	
2	Danladi	Qumai		20/05/1987		✓	F	30,000	
3	Abdullah	Abdu	Danlami	10/04/2001			M	30,000	
								90,000	

Jan 2020 - Dec 2023
900 x 118 months

Jul 2011 - Dec 2023
55,080 + 43,200
98,280

15/02/23

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

Authorized Signatory:

Bello Musmtha

Name of Officer:

Bello Musmtha

Position:

MD

PTSD / MENTAL

MD



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: **Dan SHEHA Global Services Limited**
1.2 Incorporation Number: **RC702102**
1.3 Address: Street Number: **5417E** City: **Wuse 2** State: **FG**
1.4 Postal Address:
1.5 Tel Number: **08033322383**
1.6 Fax Number:
1.7 Email: **Cyrex1nvestltd@yahoo.co.uk**
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: **Bello** First Name: **MUSTAPHA** Position: **MD**
Tel. Number: **08033322383** Mode of identification: National I.D. ☒ or Drivers Licence ☐
Specify ID. Number: **36113524268**

PART 3: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐
MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify) ☒ **Agricultural Contractor**

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: **[Signature]** Position: **MD** Date: **15/02/2003**
Surname: **Bello** First Name: **MUSTAPHA** Official Stamp (if any):
Tel: +234-9-2611610 +234-9-2311811; Email: info@registrar.com.ng; Website: www.rca.gov.ng