DAN SHEHU G
SERVICES LIM

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			07/03/1980	M	married		Dec 2022		Director	Bauchi	Bauchi		080333 22353		NIN	Abuja		
2	Danladi	Jumai			20/05/1987	F	married		Dec 2022		PR	Gombe	Gombe		08065148567		NIN	Abuja		
3	Abdulrahim	Abdul	Danlami		10/04/2001	M	Single		Dec 2022		secretary	Jigawa	Dutse		08035 48615		NIN	Abuja		
4																				
5																				
6																				
7																				
8																				
9																				
10																				

July 2011 – DEC 2019

570 X 102 months

55,080 ACT

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.

AUTHORISED SIGNATORY Bello MUSTAPHA

NAME OF OFFICER Bello MUSTAPHA

POSITION MD

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: DAN SHEIKH 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	MUSTAPHA		07/03/1980		✓	M	30,000	
2	DANLADI	JUMAI		20/05/1987		✓	F	30,000	
3	ABDULAHN	ABDUL	DANLAMI	10/04/2001		✓	M	30,000	
								90,000	

JAN 2020 – DEC 2023
900 X 48 months
43,200

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

Acct
13/02/23

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: BELLO MUSTAPHA Name of Officer: BELLO MUSTAPHA Position: MD

BELLO MUSTAPHA MD

Registration of Employer

Section 39(1)

Mark 'X' as Appropriate

Public/Private Companies [X] 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 SHEHU GLOBAL SERVICES LIMITED

1.2 Incorporation Number: RC702102 1.3 Address: Street Number: SUITE C4

Street Name: ROYAL PLAZA NO13, FOLA CLOSE City: HOUSE 2

Local Govt: ABUJA State: FCT

1.4 Postal Address:

1.5 Tel Number: 08033222383 1.6 Fax Number:

1.7 Email: CYRAXINVESTLTD@YAHOO.CO.UK

1.8 Does Employer operate in other locations? Yes [ ] No [X]. 1.9 If yes give details: .....

.....

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [ ] No [X].

1.11 Did business start prior to the Act? Yes [X] No [ ]

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

2.1 Surname: BELLO Middle Name:

First Name: MUSTAPHA Position: MD

Tel. Number: 08033223883 Mode of identification: National I.D. [X] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number: 36113524268

PART 3: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

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

GENERAL CONTRACT

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: MD Date: 15/02/2023

Surname BELLO First Name: MUSTAPHA Official Stamp (if any): .....