

NGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2019)

Employer's Schedule of Payments

Dendion Logistics Services LTD

Employee Information							Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	EKANDE	UBONG	09/09/84	✓		male			
2	MICHAELS	AGAGBO	10/01/81	✓		male			
3	MORIDE	RICHARD	11/02/83	✓		male			
Sub/Grand Total:									

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:

Etanlen uong

Position:

Activity Manager

Signature/Date

1/08/2022



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: DENDION LOGISTICS SERVICES LTD

2.2 Incorporation Number: 948841

2.3 Address: NO 10

Local Govt.: Umunoto Street Ekpem
ABUJA EAST

State: DELTA

2.4 Postal Address:

2.5 Tel. No. 1: 08037791939

Tel. No. 2:

2.7 Email: dendionlogsc123@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: 07/02/2014

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: ERANDEN

Middle Name: SCHIDA

First Name: UBONG

Position: Acting Manager

Tel. Number: 08037791939

Mode of Identification: National ID. []

Driver's License [] International Passport [] Specify ID. Number: 5298202102442029

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

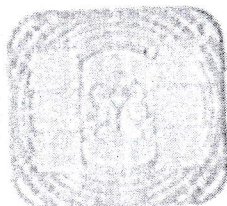
PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: [Signature] Position: Acting M.D Date: 1/08/2022

Surname: Eranden First name: Ubong Official Stamp (if any): [Stamp]

National Identity Card



ΕΚΑΙΟ ΕΜ

[illegible]

WONG

*BIDDLE NAME

SUNDAY

DATE OF BIRTH:

09 SEP 84

NATIONALITY

NGA

ISSUE DATE
























444

1999

NOTES

172 cm

5298 2021 0244 2029



NIGA

EXPIRY
07/22

BOOK REVIEW

9671701704

For Customer Service, call 1-234-766-CALLING

AUTHORIZED SIGNATURE

675

Note: (C)

If found, please return to the nearest National Identity Management Commission office.

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