FEDERAL REPUBLIC OF NIGERIA

DETAILCREST REALTY LTD

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

July 19 – Dec 22

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	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	SALARY, MONTHLY
Ejemba	Alice	Ada	56 1st Ave Gwarinpa	Jan 1974	F	M	001	1/1/2021	Samuel Final Email. Com	Manager	Edo	Benin	Benin	08165 94323 2	—	NIN	Edo	Adosgh	2	30,000
Imoh	Paul		✓	June 1981	M	S	002	✓	✓	Director	✓	✓	✓	0802114 0909	—	✓	✓	Payline	1	30,000
Imoh	Adosgh		✓	August 1991	M	S	003	✓	✓	Director	✓	✓	✓	08034 98405	—	✓	✓	Paul	—	30,000
																			—	

19 × ₦9,000 = ~~₦200 × 42~~

₦37,800

Ag

18/8/22

FOR — ₦ 90,000

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

AUTHORISED SIGNATORY F. Alice NAME OF OFFICER ALICCE EJEMBA POSITION MANAGER

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: DETAILCREST REALTY LTD

2.2 Incorporation Number: RC1601340

2.3 Address: House 56 First Avenue Gwarinpa

Local Govt.: F.C.T. State: Abuja

2.4 Postal Address:

2.5 Tel. No. 1: 08165943232 Tel. No. 2:

2.7 Email: Samuelusaku@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:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Ejemeji Middle Name: ADA

First Name: ALICE Position: MANAGER

Tel. Number: 08165943232 Mode of Identification: National ID. [ ] NIN

Driver's License [ ] International Passport [ ] Specify ID. Number: 56383686622

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

GENERAL CONTRACTOR

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: F. Alice Position: Manager Date: 15/8/2022

Surname: EJEMEJI First name: ALICE Official Stamp (if any):.....

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

acking ID: S7Y0NYFGD0007B6	**Surname:** EJEMBI	**Address:** 1 1ST UWAGUE CLOSE OFF UPPER SOKPONBA ROAD	
N: 56388686622	**First Name:** ALICE		
	Middle Name: ADA		
	Gender: F	BENIN CITY ED	

ote: The ***National Identification Number (NIN) is your identity.*** It is confidential and may only be released for legitimate transactions.

ou will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng	**www.nimc.gov.ng**	**0700-CALL-NIMC** **(0700-2255-646)**	**National Identity Management Commission** 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria