



EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENSE)

Jan. 2019 - Dec. 2023

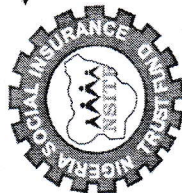
PERCENTAGE OF EARNINGS OF THE EMPLOYEES.

THIS FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE
THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

Chugbene

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FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
 (Employees' Compensation Act, 2010)
Employer's Schedule of Payments

bec.
Jun 2015-2019

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

Employee Information							Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1.	Ohigbenro	Zyowale					18,000		
2.	Veronica	Foyen					18,000		
3.	Bohunde	Ofashua					18,000		
		June 2015-December 2019							
		5404.55 months							
		= 29,700							
		Accts							
		11/11/2019 1st January 2020							
		08/05/2023							
		Sub/Grand Total:						54,000	

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: *Ohigbenro* Position: *Ohigbenro Ojeroh* Signature/Date: *Smk*



Section 39(1)

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: DMS RESEARCH L18

1.2 Incorporation Number: PC1265724 1.3 Address: Street Number: 234

Street Name: MSL 11A PEAZA City: ADEN JA

Local Govt: 6 A2214 State: AT2014

[illegible]

1.5 Tel Number: 08857569393

1.7 Email: teraviva83@gmail.com

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:	Middle Name:
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First Name:

Position:

48380379287

Tel. Number:	

Mode of identification: National I.D. [] or Drivers Licence [] or

[illegible]

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

PART 4: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: _____ Position: _____ Date: _____

Surname: SHARIF First Name: ABDUL Official Stamp (if any):