FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

Jan. 2020 — Dec. 2023

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

[first name]	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TLTLE	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
...ugbenro	Egwonole		1, Taleyemi Monasah Osogbo	17-5-1972	M	M	001	01-7-2019		M.D	Osun	Osogbo	Osogbo	[illegible]	NIL	NIN	FCT	Patience	2	30,000
...eronica	Toyin	Egwole	1, Taleyemi Street Osogbo	20-12-83	F	M	002	01-7-2019		MANG.	Osun	Osogbo	Osogbo	[illegible]	NIL	NIN	FCT	Patience	2	30,000
...bodunde	Olaoluwa		1, Taleyemi Street Osogbo	2/3/97	M	M	003	01-7-2015		Direct...	Osun	Osogbo	Osogbo	[illegible]	NIL	NIN	FCT	[illegible]	1	30,000

Jan 2020 - Dec 2023

900 x 48 months

= 43,200

Accts

Dayang Peace

08/05/2023

90,000 x 1% = 900

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

IS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

Olugbenro Egwole

ECS.FE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Employer's Schedule of Payments

June 2015 – Dec. 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.	Ohgbenro	Ejowah					18,000		
2.	Veronica	Toyin					18,000		
3.	Bolunde	Olaoluwa					18,000		
		June 2015 – December 2019							
		54 + 55 months							
		= 29,700							
		Accts/ Dayang Peace							
			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: Ohg Position: Ohgbenro Ojenah Signature/Date: Smh

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

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 LTD

1.2 Incorporation Number: RC1265724 1.3 Address: Street Number: 234

Street Name: MELITA PLAZA City: AREA 11

Local Govt: GARKI State: ABUJA

1.4 Postal Address:

1.5 Tel Number: 08057693793 1.6 Fax Number:

1.7 Email: olanike83@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:

First Name: Position: 48380379287

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

International Passport [ ] Specify ID. Number: M.D

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

..... General Contractor .....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: M.D Date: .....

Surname EJIWALE Olugbemo First Name: MONASEH Official Stamp (if any): .....