

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:

21 Employer Name: **DRYKOK COMPANY LIMITED**

22 Incorporation Number: **RC938517** 2.3 Address: **NO. 4,**

DEKADARI QUARTERS

Local Govt.: **GOMBE M. A. C.** State: **GOMBE STATE**

24 Postal Address: **SAME AS IN 2.3 ABOVE**

25 Tel. No. 1: **08036550393** Tel. No. 2: []

27 Email: **drykok@drykok.com**

28 Does Employer have other branches and subsidiaries? Yes [] No [] If "Yes", fill attached form (ECS RE01b)

29 Year of Establishment/Incorporation: **25TH FEB 2011**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **YAHYA** Middle Name: **MDHAMMAD**

First Name: **BASHEER** Position: **MD/CEO**

Tel. Number: **08036550393** Mode of Identification: National ID. []

Driver's License [] International Passport ☒ Specify ID. Number: **A 09411831**

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: **[Signature]** Position: **MD/CEO**

Date: **26/08/2020**

First name: **MDHAMMAD** Official Stamp (if any):



