FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

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

January 2024 - December 2024

36 Months

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
			1990	M	S	001	2023								NIN				30,000
			1989	M	S	002	2023								NIN				30,000
				M	S	003	2022								NIN				30,000

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

SIGNATORY.....

NAME OF OFFICER..... *POSITION*.....

900 x 36 months
= 32,400

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

Employees' Schedule of Payments

April 2012 - December 2020

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

Employer's Name:

Employer's Number

105 Months

S/N	SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	TOTAL MONTHLY EARNINGS	
								NAIRA (=N=)	KOBO (K)
1.	Adedunmi	Olufemi	Ebenezer					18,000	00
								18,000	00

18,000 x 105 Months = 1,890,000

NSITF

m should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.

m should be completed any time payment is made

Authorized Signatory:.....

Name of Officer: Adedunmi O.

Position: Mgr

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: DUWET CONSULTING AND LOGISTICS

2.2 Incorporation Number: RC1523686

2.3 Address: 8 Jos Street Gwagwa Abuja

Local Govt.: AMAC State: FCT

2.4 Postal Address: Same as above

2.5 Tel. No. 1: 08053538828 Tel. No. 2:

2.7 Email: Ekabuelcarem89@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: Adedunmade Middle Name: Ebenezer

First Name: Olufemi Position: MD

Tel. Number: 08053538828 Mode of Identification: National ID. [ ]

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

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:..... Position: MD Date: 25/Feb/23

Surname: Adedunmade First name: Olufemi Official Stamp (if any):.....

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport

Type / Type
P

Country Code / Code du pays
NGA

Passport No. / N° Passeport
B50282119

Surname / Nom
ADEDUNMOYE

Given Names / Prénoms
OLUROTIMI EBENEZER

Nationality / Nationalité
NIGERIAN

Previous Passport / Passeport Précédent
A08827890

Date of Birth / Date de Naissance
29 DEC / DÉC 79

NIN
80352473598

Sex / Sexe
M

Place of Birth / Lieu de Naissance
LAGOS

Date of Issue / Date de Délivrance
24 JUN / JUIN 22

Authority / Autorité
ABUJA HQRS

Date of Expiry / Date d'Expiration
23 JUN / JUIN 32

Holder's Signature / Signature du Titulaire

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B502821191NGA7912296M3206238803524735 98<<<46