



National Identity Management System

Federal Republic of Nigeria

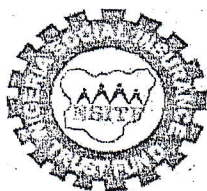
National Identification Number Slip (NINS)



Tracking ID: S7Y000ZHK0005ZW	Surname: MACGREGOR	Address: PLOT 998 IBANI SUIT OFF VIO OFFICE	
80842676089	First Name: OSARUGUE		
	Middle Name: EDITH		
	Gender: F	MABUSHI FC	

The National Identification Number (NIN) is your identity. It is confidential and may only be released for legitimate transactions. be notified when your National Identity Card is ready (for any enquiries please contact)

ask@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
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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: **E-LIKES LUXURY VENTURES LIMITED**

2.2 Incorporation Number: **RC7018013**

2.3 Address: **HOUSE 83**

FYNE STONE ESTATE

GNARIMPA

Local Govt.: **AMAC**

State: **FCT ABUJA**

2.4 Postal Address: **.....**

2.5 Tel. No. 1: **+2347030563405**

Tel. No. 2: **.....**

2.7 Email: **ELIKESLUXURY@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: **2022**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **MACGREGOR** Middle Name: **EDITH**

First Name: **OSARUQUE** Position: **MANAGING DIRECTOR**

Tel. Number: **+2347030563405** Mode of Identification: National ID. ☐ **NIM**

Driver's License ☐ International Passport ☐ Specify ID. Number: **80842676089**

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

LOGISTICS & GENERAL CONTRACTS

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: **[Signature]** Position: **MD** Date: **10-04-2023**

Surname: **MACGREGOR** First name: **OSARUQUE** Official Stamp (if any):