FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
EMPLOYEES' COMPENSATION ACT, 2010)
Employees' Schedule of Payments
(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 65 of the ECA 2010).

SN	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identity	Means of Identity Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration
1	Suleman		Olawale		1/7/89	M	M				Dri	Kogi	Kogi				NIMC		Kogi				30,000
2	Usman		Yakubu		1/3/91	M	M				Sec	✓	✓				✓		✓				30,000
3	Zakka		Gen.		1/4/88	M	M				Act.	✓	✓				✓		✓				30,000
4			July 2023 – (1) December 2023																				
5			= ₦5,400																				
6																							90,000

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: [illegible]
Sign: [illegible]
Date: 30/8/2023

ECS.RE01

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: E.D. WAAT-WAS SYNERGIES LTD

1.2 Incorporation Number: 2036000 1.3 Address: Street Number: no 4

Street Name: Ahmed Dikali Street, Gwarinpa

Local Govt: Abuja State: FCT

1.4 Postal Address:

1.5 Tel Number: 08061013481 1.6 Fax Number:

1.7 Email: edivaat_waa synergy@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 Act? Yes [ ] No [ ]

PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: Adamu Middle Name: Wudiri

First Name: Sani Position:

Tel. Number: 08060134341 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or International Passport [ ] Specify ID. Number: ABC29582AB11

PART 3: BUSINESS SECTOR CATEGORIES:

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

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify): G/Compnce

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: Mgr Date: 30/3/23

Surname: Adamu First Name: Sani Official Stamp (if any):

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

FCT

PRIVATE

L/NO: ABC29582AB11

ISS: 10-08-2021

D of B: 20-06-1980

EXP: 20-06-2024

ADAMU, WUDIRI SANI

PREMIUM PENSION LIMITED AREA 3

GARKI ABUJA

ABUJA, FCT

SEX: M HT: 1.67M 1st ISS ST: NAS

BG: O+ REMARKS: N GL: N REP: 0 REN: 3

END: P

N of K: 07035999560

DATE OF 1st ISS: 10-02-2011

HOLDER'S SIGNATURE

AUTHORISED SIGNATORY