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)

EKSTREM LEVENDE ENGINEERING NIGERIA LIMITED

S/N	EMPLOYEE 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
1	Okpelitie	Ebore	Gloria		29/4/84	Male	Married	001		[illegible]	Manager	[illegible]	[illegible]	[illegible]	[illegible]		National I.D	[illegible]	[illegible]		18000
2	Okpelibeya	Amarachi			27/1/21	Male	Married	002		[illegible]	Worker	Imo	[illegible]	[illegible]	[illegible]		National I.D	[illegible]	[illegible]		18000
3	Darkew	Joshua	Mansel		[illegible]	Male	Married	003			Security	Imo	[illegible]	[illegible]	[illegible]		National I.D	[illegible]	[illegible]		18000
4																					
5			January 2016 — December 2019																		
6			54000 x 1% = 540																		
7			540 X 48 = 25,920 Acct																		
8																					
9																					
10																					54000

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: Anastasia
Sign: [illegible]
Date: 18/6/2023

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

THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Employer's Schedule of Payments

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

EKSTREM LEVENDE ENGINEERING NIGERIA LIMITED

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Ompelilia	Gloria	29/4/84		New	Male	30000		
2	Ompeleja		22/1/87		New	Male	30000		
3	Darkwo	Joshua	11/11/95		New	Male	30000		
			Jan 2020	—	Dec	2023			
			90000 x 1/5 = 900						
			900 x 48 = 43200						
			Acc 1						
						Sub/Grand Total:	90000		

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: Angelica
Sign:
Date: 19/6/2023

25920 x 43200 = 6

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:..... Position: M.D Signature/Date: 19/6/23

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: EKSTREN LEVENDE ENGINEERING NIGERIA LIMITED

1.2 Incorporation Number: RC1307607 1.3 Address: Street Number: 751

Street Name: Aminu Kano City: Jimeta

Local Govt: FCT State: Abuja

1.4 Postal Address:

1.5 Tel Number: 08062959244 1.6 Fax Number:

1.7 Email: bbenedictosy@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: Okpeluke Middle Name: Ebere

First Name: Gloria Position:

Tel. Number: 08062959244 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number:

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: MD Date: 18/6/2023

Surname Ebere-G First Name: Ebere Official Stamp (if any): .....

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

L NO. RSH5626AA1 PRIVATE

ISS 08-04

D of B 01-03-1972 EXP 01-03

EKWOABA, BENJAMIN-BENEDICT

21, KAINJI CRESCENT
MAITAMA
ABUJA

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DATE OF 1st ISS 01-10-2003

HOLDER'S SIGNATURE