FEDERAL REPUBLIC OF NIGERIA

CERTIFICATE OF INCORPORATION

OF A

PRIVATE COMPANY LIMITED BY SHARES

COMPANY REGISTRATION NO. 1911514

The Registrar - General of Corporate Affairs Commission

hereby certifies that

EL PABLO DYNASTY LTD

is this day incorporated under the

COMPANIES AND ALLIED MATTERS ACT 2020

as a private company limited by shares

Given under my hand at Abuja this 29th day of March, 2022

A. G. Abubakar

Registrar - General

TAX IDENTIFICATION NUMBER: 24180367-0001

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)

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	Igboeteonya	Chidi	Walter	FOI Kubwa		M	S	–	–	chidiwalter9@gmail.com					0703808 6358				–	–	30,000
2																					
3	Anene	Chinedu	Collet	Kubwa		F	S	–	–	–					0803892 4712						30,000
4																					
5	Olubode	Abo Sede	Elizabeth	Gwagwa		f	M	–	–	–					0703245 6792						30,000
6																					
7																					
8																					
9																					
10																					

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.

AUTHORISED SIGNATORY..... NAME OF OFFICER Stella U. Obi POSITION Manager

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).

ED-PABLO DYNASTY 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	Igboeleanya	Chidiwak				M	30,000	00	
2	Anene C.	Collete					30,000	00	
3	Olabosede	A Elizabeth				F	30,000	00	
		Apr 2022 – Dec 2023							
		900 X 21 months							
		18,900							
		Acct							
		04/01/23							
						Sub/Grand Total:	90,000	=	

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: Stella Efobi Position: Manager Signature/Date: Stella 4/12/2023

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: ED-PABLO DYNASTY LIMITED

2.2 Incorporation Number: 1911514 2.3 Address: NO 13 OKORIE CRESCENT FOI KUBWA ABUJA

Local Govt.: BWARI State: ABUJA

2.4 Postal Address:

2.5 Tel. No. 1: 07012369280 Tel. No. 2:

2.7 Email: chidiwalter9@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: 29 03 2022

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: IGBOELEANYA Middle Name: CHIDI

First Name: WALTER Position: MANAGING DIRECTOR

Tel. Number: 07012369280 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):....

.....

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

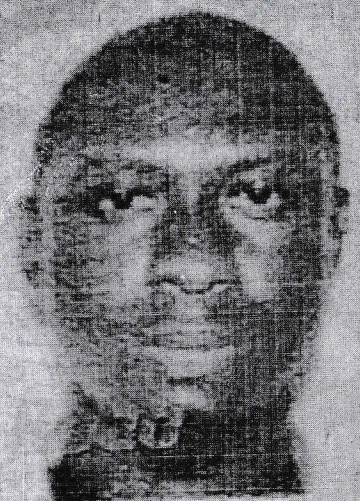
Signature or Thumbprint: Position: M.D Date: 4/1/2023

Surname: Igboeleanya First name: Walter Official Stamp (if any):.....

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

FCT

L NO ABC23611AB28 PRIVATE CLASS B



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IGBOELEANYA, CHIDI WALTER
C99, GBAZANGO WEST, PIPELINE,
KUBWA,
KUBWA, FCT

SEX M HT 1.77M 1st ISS ST RIV

BG O+ F/MARKS N GL N REP 0 REN 2

END P

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DATE OF 1st ISS 28-02-2011

HOLDER'S SIGNATURE

AUTHORISED SIGNATORY