



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).

S N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee Int Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identify	Means of Identify Number	Means of Identify Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Rem
1	Wag		Chase		002		S				PA XG-16m											5	24
2																							
3	Sunday		Dere		04		M				SAV											1	24
4	Emami		DOB		07		M				(M)											2	24
5																							
6																							

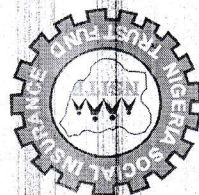
Authorized Signatory.....

Name of Officer.....

Position.....

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: EM Ingsa

1.2 Incorporation Number: AP0-Afe baba lila

Street Name: AP0-Afe baba lila

Local Govt: AP0-Afe baba lila

1.4 Postal Address: AP0-Afe baba lila

1.5 Tel Number: 07066921812

1.6 Fax Number: ad, adamu baba d. Com

1.7 Email: ad, adamu baba d. Com

1.8 Does Employer operate in other locations? Yes [] No []

1.9 If yes give details: ad, adamu baba d. Com

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: Mustian

First Name: Mustian

Tel. Number: 07066921812

International Passport [] Specify ID. Number: 07066921812

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

MDAs ☐

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

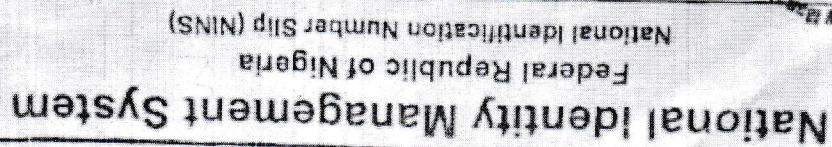
I certify that the above particulars are correct

Signature or Thumb Print: [Signature]

First Name: Mustian

Official Stamp (if any): [Stamp]

Date: 28/3/23



National Identification Number Slip (NINS)



0210001-12

SECRET
EJBAQWU

230999

7. RUDOLF STREET OFF JALAPA STREET

FIRST NAME: WALTER

60952 CF 6800

22

WATERBURY

Middle Name: CHICBY

Depend

15

MAITAMA

34

(Note: The National Identification Number (NIN) is your identity. It is confidential and will be notified when your National Identity Card is ready (for any enquiries please contact)

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—ВУЛОБЭШУАММ

0700-CALL-NINC

(0700-2255-646)

National Identity Management Commission

