



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 TITLE	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	KEPH	STEPHEN	KEKEH	Built 318 P.O. Box 4400 Lagos	10/4/80	M	MARRIED	ET-01	25/09/2019		Driver	AKWA	IKOM	AKWA	IKOM	0905546885		AKWA	AKWA	UNOAT	2	30,000
2	DAVID	MOSES	MOSES		05/08/85	M	MARRIED	ET-003	25/09/19		Driver	AKWA	IKOM	AKWA	IKOM			AKWA	AKWA	UNOAT	1	20,000
3	UNOAT	UKO			05/11/81	M	MARRIED	ET-003														
4																						
5																						
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

POSITION

MD



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)

ECS.RE01

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: ENEMONA ACHENNA FOUNDATION
1.2 Incorporation Number: CAC/11/NO136288 1.3 Address: Street Number: SUITE 318,
Street Name: FLOOR, MKK PLAZA, GUDU DISTRICT City: FCT
Local Govt: _____ State: ABUJA
1.4 Postal Address: _____
1.5 Tel Number: 07055068485 1.6 Fax Number: _____
1.7 Email: enemonaachenna@foundation@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: AKPA Middle Name: ACHENNA
First Name: STEPHEN Position: MD
Tel. Number: 07055068485 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: 12/09/2022

Surname AKPA First Name: STEPHEN Official Stamp (if any): _____

PASSPORT

[illegible]

Passport / Passeport

Type / Type

Country Code / Code du pays

Passport No. / N° Passeport

P

NGA

B50024443

Surname / Nom

AKPA

Given Names / Prénoms

STEPHEN ACHEMA

Nationality / Nationalité

NIGERIAN

Date of Birth / Date de Naissance

08 DEC / DÉC 92

Sex / Sexe Place of Birth / Lieu de Naissance

M

ANKPA

Date of Issue / Date de Délivrance

27 JAN / JAN 20

Date of Expiry / Date d'Expiration

26 JAN / JAN 30

Previous Passport / Passeport Précédent

A09665559

MIN

47609448703

Authority / Autorité

ABUJA HQRS

Holder's Signature / Signature du Titulaire

Says

[illegible]

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