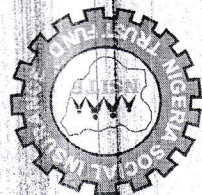


NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)

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: FAITHS H MFG LTD
1.2 Incorporation Number: 1834269
City: Abuja State: FCT
Street Name: Plot 170, Close off Adetokunbo
Local Govt: Wuse 2 Abuja
1.4 Postal Address: _____
1.5 Tel Number: 0818669
1.7 Email: daymond2001@yahoo.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: Usman First Name: Amud Tel. Number: 08186691957
Middle Name: Abdullah Mode of identification: National I.D. [] or Drivers Licence [] or
Position: MD Specify ID. Number: B00373143

PART 3: BUSINESS SECTOR CATEGORIES:

☐ MDA's ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify) _____
☐ Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: _____ Position: MD Date: 29/12/2022
First Name: Usman Surname: _____
Official Stamp (if any): _____



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
EMPLOYEES' COMPENSATION ACT, 2010

(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 nt 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	Usman	Abdul	Awudu	Plot 2 Garki Kaduna 073009	25/11/79	Male	Married	123	7/9/21	adawudu@gmail.com	Mg	Edo	Asoko Sw	Asoko Sw	Asoko Sw	0803308443	0803308443	Edo	Abdul	0803308443	1	30,000	
2	Alwudu	Abdul	Awudu	Plot 2 Garki Kaduna 073009	25/11/79	Male	Married	123	7/9/21	adawudu@gmail.com	Mg	Edo	Asoko Sw	Asoko Sw	Asoko Sw	0803308443	0803308443	Edo	Abdul	0803308443	1	30,000	
3	Abdul	Ganiyu	Awudu	Plot 2 Garki Kaduna 073009	25/11/79	Male	Married	123	7/9/21	adawudu@gmail.com	Mg	Edo	Asoko Sw	Asoko Sw	Asoko Sw	0803308443	0803308443	Edo	Abdul	0803308443	1	30,000	
4	1% of 90,000 = 900 x 29 months = 26100																						
5																							
6																							90,000

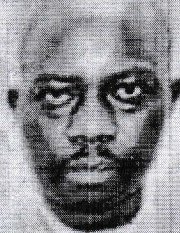
Authorized Signatory:  Name of Officer: USMAN Position: MD

TO THE HONORABLE
MEMBERS OF THE HOUSE OF COMMONS
IN PARLIAMENT ASSEMBLED
IN THE CITY OF LONDON
THE PETITION OF THE
MAYOR, ALDERMEN, AND COMMONS OF THE
CITY OF LONDON, SHOWN BY
THEIR PETITIONERS IN PARLIAMENT

[illegible]

PASSPORT

Passport / Passeport



Page / Page
 P NDA
 Identification Number
 USMAN
 Current Name(s) / Alias(es)
 ABDULWAHAB AWOH
 Nationality / Nationalities
 NIGERIAN
 Date of Birth / Date of Registration
 22 JAN / JAN 79
 Sex / Gender Place of Birth / Place of Registration
 M / DUBU
 Date of Issue / Date of Expiration
 11 MAY / MAY 21
 Date of Expire / Date of Expiration
 10 MAY / MAY 20

800373143

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ABUJA HORS

Handy

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