ECS.RE01

FEDERAL REPUBLIC OF NIGERIA

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: FATAWASH NIG LTD

1.2 Incorporation Number: 1834269 1.3 Address: Street Number: A 22

Street Name: Moring Close off Adetokunbo City: Ademola State:

Local Govt: Wuse 2 Abuja.

1.4 Postal Address:

1.5 Tel Number: 0813069 1.6 Fax Number:

1.7 Email: clarymo42001@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 Middle Name: Abdulwahab

First Name: Awal. Position: MD

Tel. Number: 08180691957 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number: B00373143

PART 3: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify) .....

Others

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: MD Date: 29/12/202

Surname Usman First Name: Abdulwahab. Official Stamp (if any): .....

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	Employment 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 Wahab	Awoli	OT 3 ong Crescent Kaduna	22/1/79	male	Married	123	7/9/21	[illegible]@yahoo.com	MG	Edo	Etsako SW	Auchi	0808322 6765		Intl passport	B00323143	Edo	Abdul Ganiyu	080330 8384684	1	30,000
2	Ahmadu	Ahmed		Block A2 Kaduna	2/5/1980	male	Married	223	7/9/21	adunbade@gmail.com	MG	Edo	Etsako SW	Auchi	080 444453 4423		Nin Slip		Edo	Abdul Ganiyu		1	30,000
3	Abdul	Ganiyi		Plot 2 Garki Abuja	3/6/1977	male	Married	323	7/9/21	abdulganiyu@gmail.com	MG	Edo	Etsako SW	Auchi	08033088 46 84		Drivers Licence		Edo	Abdul Ganiyu		1	30,000
4	1% of 90,000 = 900 × 29 months = [illegible]																						
5																							
6																							90,000

Authorized Signatory: [signature] Name of Officer: Usman Position: MD

ECONOMIC COMMUNITY
OF WEST AFRICAN STATES

FEDERAL REPUBLIC OF
NIGERIA

PASSPORT

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport

P NGA

B00373143

USMAN

ABDULWAHAB AWOH

NIGERIAN

22 JAN / JAN 79

M AUCHI

11 MAY / MAI 21

10 MAY / MAI 26

16230122214

ABUJA HORS

P<NGAUSMAN<<ABDULWAHAB<AWOH<<<<<<<<<<<<<<<<<<<<

B00373143 4NGA7901221M2605100162301222 14<<<00