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: FATCENT CONCEPTS LIMITED

2.2 Incorporation Number: RC1032129

2.3 Address: NO1 Edeki Street

Panaf drive

Local Govt.: DAWAKI, AMAC State: Abuja

2.4 Postal Address:

2.5 Tel. No. 1: 07086303333 Tel. No. 2:

2.7 Email: dimeji.mercy@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: 11 MAY 2012

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: OLADIMEJI Middle Name: ALACHE

First Name: MERCY Position: MD

Tel. Number: 07086303333 Mode of Identification: National ID. [✓]

Driver's License [ ] International Passport [ ] Specify ID. Number: 52710242370

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

GENERAL CONTRACT

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: ..... Position: MD Date: 10/5/23

Surname: OLADIMEJI First name: MERCY Official Stamp (if any): .....

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	MERCY	ALACHE	OLADIMEJI			F	M					Benue	makurdi				NIN	Abuja	Ebunoluwa	1	18,000
2	MICHEAL	AKINOLA	OLADIMEJI	No 1 Edeki Street Panat Chiefdom Dawaki, Amac	27/9/87	M	S			moses@gmail.com		Ondo			07035523504		NIN	Kwara	Edna	1	18,000
3	MOSES		OLADIMEJI							olimeji-					08060326 333		NIN	Abuja	Mellicent	1	18,000

May 2012 – Dec 2019

540 x 92 months = 49,680 Odd ED

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..... MERCY OLADIMEJI POSITION..... MD

ECS.F.E03

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).

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1.	OLADIMEJI	MERCY				F	30,000		
2.	Micheal	Oladimeji				M	30,000		
3	Oladimeji	MOSES				M	30,000		
		Jan 2020 – Dec 2023							
		900 X 48 months							
		43200							
		May 2012 – Dec 2023							
		49680+43200=92,880							
						Sub/Grand Total:			

10/05/23

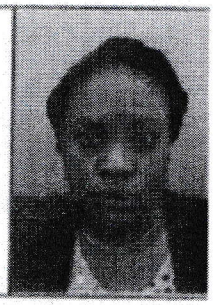
This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official: O. MERCY Position: MD Signature/Date: 10/5/23

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: STYDNZD6O00004H	**Surname:** OLADIMEJI	**Address:** 59 GRACE COMMUNITY	
NIN: 52710242370	**First Name:** MERCY		
Issue Date: 04/03/2014	**Middle Name:** ALACHE		
	Gender: F	DAWAKI FCT Abuja	

Note: The ***National Identification Number (NIN) is your identity.*** It is confidential and may only be released for legitimate transactions.

You will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng	www.nimc.gov.ng	07040144452, 07040144453, 07040144454	National Identity Management Commission 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria