



**NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)**

EMPLOYEES' SCHEDULE OF PAYMENT FOR AKAH-BU-JDO FARMS LIMITED

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

FLAGGERS VENTURES

[illegible]

THIS FORM IS TO BE COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS IN THE EMPLOYER'S
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FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
 (Employees' Compensation Act, 2010)
Employer's Schedule of Payments

MARCH 2021 - DEC 2022

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

FLAGGERS VENTURES

S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	Total Monthly Emoluments		Remarks
							N	K	
1	BLESSING	UKEGBU				F	30,000		
2	PAULUS	NNANNA				F	30,000		
3	SUNNY	LAKWUWA				M	30,000		
MARCH 2021 - DEC 2022							Sub/Grand Total:		
							90,000		

MARCH 2021 - DEC 2022

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: _____

Position: _____

Signature/Date: _____

Signature/Date: _____

1% x 100,000 = 1000 x 22 months = 22,000

28/7/22



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: **ITAGGERS VENTURES**

2.2 Incorporation Number: **3083289**

2.3 Address:

Local Govt.: **AMAC**

State: **FCIT**

2.4 Postal Address: **NO 17 Phase 4 Federal housing authority, FCT, Abuja**

2.5 Tel. No. 1: **081 622 39 604**

Tel. No. 2:

2.7 Email: **oh.oms.helen123@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: **march 2021**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **HENRY**

Middle Name:

First Name: **OGBONNA**

Position:

Tel. Number: **081 622 39 604**

Mode of Identification: National ID. ☐

Driver's License ☐ International Passport ☐ Specify ID. Number:

PART 4: BUSINESS SECTOR CATEGORIES:

Construction ☒

Mining ☐

Banking & Finance ☐

Manufacturing ☐

Aviation ☐

MDAs ☐

Oil & Gas ☐

Agriculture ☐

Energy ☐

Telecom ☐

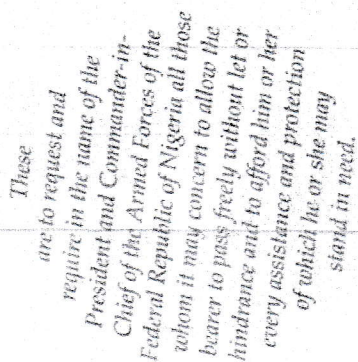
Others (please specify):....

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

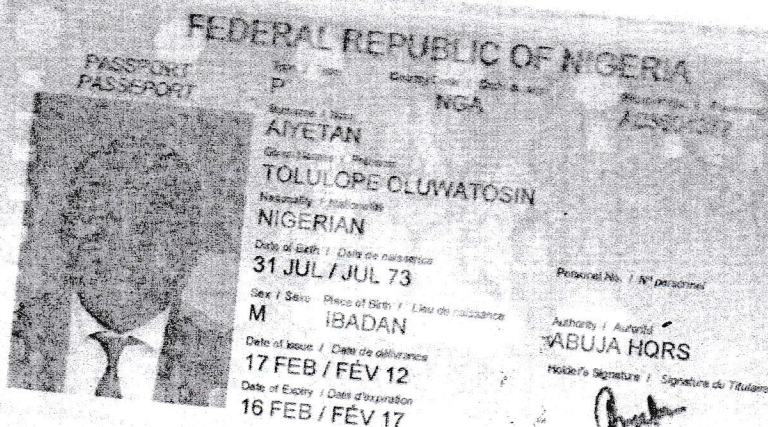
I certify that the above particulars are correct

Signature or Thumbprint: **[Signature]** Position: **M.D** Date: **28/6/2022**

Surname: **OGbonna** First name: **Henry** Official Stamp (if any):



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