FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

FIAGG ERS VENTURES

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

(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	Blessing	ukegbu			10/4/2021	F	S	01	3/3/2021	ogbonnaya 1gin@gmail.com	Admin	Enugu	Nkanu E	Agbani	070 89598659		Office I.D	Abuja	Sunny	3	30,000
2	Favour	Nnanna			6/3/1985 -	F	M	02	3/3/2021		Secretary	Abia	Umuahia	Umuahia	08162223 9604		Office I.D	Abuja	Nnanna	2	30,000
3	Sunny	Lakwuwa			1/2/1989	M	M	03	3/3/2021		HRm	Lafia	Lafia	Lafia	07062781 2272		Intl passport	Abuja	ukegbu	3	30,000
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 ANNUAL PAYMENT IS MADE.

AUTHORISED SIGNATURE

9

ECS.RE03

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).

FIAGGERS VENTURES

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	BLESSING	UKEGBU				F	30000		
2	FAVOUR	NNANNA				F	30,000		
3	SUNNY	LAKWUWA				M	30,000		
MARCH 2021 – DEC 2022						**Sub/Grand Total:**	90,000		

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: M'D Signature/Date: 28/6/2022

1% x ₦30,000 = ₦300 x 22 months = ₦19,800

28/7/22

ECS.RE.01a

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: JJA GGLERS VENTURES

2.2 Incorporation Number: 3083289 2.3 Address:

Local Govt.: AMAC State: FCT

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

2.5 Tel. No. 1: 08162239604 Tel. No. 2:

2.7 Email: ch.ohs 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: 08162239604 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:..... Position: M.D Date: 28/6/2022

Surname: Ogbonna First name: Henry Official Stamp (if any):.....

These are to request and require in the name of the President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria all those whom it may concern to allow the bearer to pass freely without let or hindrance and to afford him or her every assistance and protection of which he or she may stand in need.

A 03604377

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

Type / Type
P

Country code / Code du pays
NGA

Passport No. / N° de passeport
A03604377

Surname / Nom
AIYETAN

Given Names / Prénoms
TOLULOPE OLUWATOSIN

Nationality / Nationalité
NIGERIAN

Date of Birth / Date de naissance
31 JUL / JUL 73

Sex / Sexe
M

Place of Birth / Lieu de naissance
IBADAN

Date of Issue / Date de délivrance
17 FEB / FÉV 12

Date of Expiry / Date d'expiration
16 FEB / FÉV 17

Personal No. / N° personnel

Authority / Autorité
ABUJA HQRS

Holder's Signature / Signature du Titulaire

P<NGAAIYETAN<<TOLULOPE<OLUWATOSIN<<<<<<<<<<<<

A03604377 8NGA7307317M1702161<<<<<<<<<<<<<<