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: AUKALBITS TECHNOLOGY LTD

2.2 Incorporation Number: RC1454136 2.3 Address: 22 Sb

Sani Mai ... Gwarzo ... Road Kano

Local Govt.: Gwale Nutse State: Kano

2.4 Postal Address: 22 Sb Sani Mai ... Gwarzo Road Kano

2.5 Tel. No. 1: 08038401418 Tel. No. 2: 08038401418

2.7 Email: auwal4127@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: 17 Nov 2017

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Auwal Middle Name: Zakari

First Name: Idris Position: Director

Tel. Number: 08038401418 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number: 76063448405

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

General contractor

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: [signature] Position: Director Date: 5/5/2023

Surname: Auwal First name: Idris Z Official Stamp (if any):........

Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng

ECS.RE03

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).

FOKALBITS TECHNOLOGY LTD

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
	maryam	Amina Z	1-1-99			female	30000		
	Auwal	Idris Z	2/6/84			male	30000		
	Sunusi M	Inuwa	21/10/90			male	30000		
	ASO 2017 —		DEC		2023				
						Sub/Grand Total:	90,000	1700	900 x 74 = #66,6

Acc

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: Sunusi M Position: Director Signature/Date: 5/5/2023

Nov. 2017 — DEC 2023

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)

FOKALBITS TECHNOLOGY LTD

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 TLTLE	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	Maryam	Aminu	Zabura	Yandu NS Kastina	1-1-1991	female	married	001	[illegible]	[illegible]	secetary	Kano	G/Sule	Kano	08038 40148	08038 40748	National I.D	Kano	Aminu Z	4	30000
2	Auwal	Idris	Zakari	Gwarzo road Kano	[illegible]/10/84	male	married	002	2/2/20	[illegible]	Director	Kano	G/Sule	Kano	08038 4014 18	08038 46145	National I.D	Kano	Aminu Zabari	3	300000
3	Sunusi	mohd	Imusa	Sari Mainagge Kanga	21/10/1990	male	merried	003	4/3/23	[illegible]	supervisor	Katsina	Bare	Katsina	08144 9066 70	08144 266	National I.D	Katsina	Zainab L	4	30000
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 ANYTIME PAYMENT IS MADE.

Sunusi mohd POSITION: Director