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 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	HENRY	WOMOM		NO 14 CEDAR OFF LEBA NONPIKA ISA ABUJA	15/4/82	M	MARRID	001	19/9/22	womomhenry@gmail.com	M.P	RIVERS STATE	IKWERRE	ISIOKPO	080604707100	080604707100	DRIVERS LICENCE	F.C.T	HENRY	3	30000
2	JAMES	ADENUGA		13 G2 STR CITECESTATE MBORA FCT		M	MARRIED	002	4/5/79	jamesadenuga@[illegible]	MAR	OYO STATE	~~OYO~~ IBADAN	IBADAN	07089094057	07089094057	DRIVERS LICENCE	F.C.T	MARK	4	30000
3	ERNEST	OSUIGBO		NO 18 CEDAR OFF [illegible]		M	MARRID	003	9/11/77	ernestosuigbo@gmail.com	S.M	RIVERS STATE	ODUOHA	EMOHU	0803340 7054	0803340 705	DRIVERS LICENCE	F.C.T	ERNEST	2	30000
4																					
5																					
6																					
7																					
8																					
9																					
10																					90000

Aug – Dec 2022
900 X 5 months
4500
Acct
14/11/22

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*..................... *POSITION*.....................

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: FORDSHIRE HYDROCARBON MANAGEMENT COMPANY LTD

2.2 Incorporation Number: ~~5643911HT~~ 1969293

2.3 Address: NO 14 CEDAR OFF LEBANON PHKASSA

Local Govt.: F.C.T State: ABUJA

2.4 Postal Address:

2.5 Tel. No. 1: 08060470700 Tel. No. 2:

2.7 Email: womomhenry@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: 2022

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Womom Middle Name:

First Name: HENRY Position: MD

Tel. Number: 08060470700 Mode of Identification: National ID. [ ]

Driver's License [✓] International Passport [ ] Specify ID. Number: ABC5701874A01

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: M.D Date: 14/11/22

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

National Identity Management System

DevMgmt/DiscoveryTree.xml;HTTP/1.1

127.0.0.1:8080

Federal Republic of Nigeria

National Identification Number Slip (NINS)

ng ID: S7Y0007Q800b7XS	Surname: WOMOM	Address: 4 NEIGHBORHOOD CLOSE OPPOSITE ALL STATE SUPERMARKET ILOPARAMPA
56439147609	First Name: HENRY	
	Middle Name: NDA	OBIO-AKPOR
	Gender: M	RV

The National Identification Number (NIN) is your identity. It is confidential and may only be released for legitimate [illegible]

[illegible] be notified when your National Identity Card is ready (for any enquiries please contact)

bdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-6462)	National Identity Management Commission