



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: **FORSTECH TECHNICAL NIGERIA LIMITED**

2.2 Incorporation Number: **AC441597**

2.3 Address:

RC

Local Govt.: **OJOFA LAGOS**

State: **LAGOS**

2.4 Postal Address:

2.5 Tel. No. 1: **08068694746**

Tel. No. 2:

2.7 Email: **forstechnical@yahoo.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: **12 - 2 - 2002**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **ADABANYA**

Middle Name: **CHIDI**

First Name: **DAVID**

Position: **MD**

Tel. Number: **08068694746**

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: **f.i. [Signature]** Position: **MD** Date: **12/7/2024**

Surname: **ADABANYA** First name: **CHIDI DAVID** Official Stamp (if any):.....



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
EMPLOYEES' COMPENSATION ACT, 2010
Employees' Schedule of Payments

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

forstech Technical Nigeria Limited

S N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee Email	Employee Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identity	Means of Identity Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration
1	KEVIN	ABRAHAM	DAVID	SHAWN	IKOYI	LAGOS	MARRIED	18	ABRAHAM DAVID	SHAWN	LAGOS	IKOYI	IKOYI	080320146	080320146	LAGOS	LAGOS	LAGOS	USMAN SADIQ CHARITY	080320146	1	30,000
2	KEVIN	ABRAHAM	DAVID	SHAWN	IKOYI	LAGOS	MARRIED	18	ABRAHAM DAVID	SHAWN	LAGOS	IKOYI	IKOYI	080320146	080320146	LAGOS	LAGOS	LAGOS	USMAN SADIQ CHARITY	080320146	1	30,000
3	KEVIN	ABRAHAM	DAVID	SHAWN	IKOYI	LAGOS	MARRIED	18	ABRAHAM DAVID	SHAWN	LAGOS	IKOYI	IKOYI	080320146	080320146	LAGOS	LAGOS	LAGOS	USMAN SADIQ CHARITY	080320146	1	30,000
4	KEVIN	ABRAHAM	DAVID	SHAWN	IKOYI	LAGOS	MARRIED	18	ABRAHAM DAVID	SHAWN	LAGOS	IKOYI	IKOYI	080320146	080320146	LAGOS	LAGOS	LAGOS	USMAN SADIQ CHARITY	080320146	1	30,000
5	KEVIN	ABRAHAM	DAVID	SHAWN	IKOYI	LAGOS	MARRIED	18	ABRAHAM DAVID	SHAWN	LAGOS	IKOYI	IKOYI	080320146	080320146	LAGOS	LAGOS	LAGOS	USMAN SADIQ CHARITY	080320146	1	30,000
6	KEVIN	ABRAHAM	DAVID	SHAWN	IKOYI	LAGOS	MARRIED	18	ABRAHAM DAVID	SHAWN	LAGOS	IKOYI	IKOYI	080320146	080320146	LAGOS	LAGOS	LAGOS	USMAN SADIQ CHARITY	080320146	1	30,000

Authorized Signatory:  Name of Officer: M.D. Position: M.D.

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[illegible]

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:..

PASSPORT

P<NGAADABANYA<<CHIDI<DAVID<<<<<<<<<<<<<<<<<<<<<<
B500560221NGA6511050M260125092522098864<<<36