FEDERAL REPUBLIC OF NIGERIA

1607-9624-885

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)

GABLE-HAM ENTERPRISES LTD

S/N	EMPLOYEE FIRST NAME	ss	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	OKUCHU		ANTHONY																		30%
2	AKUBUNOBI		OLIVER																		30%
3	CLINTON		FRIDAY																		30%
4																					
5																					
6																					
7																					
8																					
9																					
10																					

FEBRUARY 2023 — DECEMBER 2023

900 X 11 Months = ₦ 9,900

9,900

THIS FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE [illegible] OF EARNINGS OF THE EMPLOYEE
THIS FORM SHOULD BE [illegible] ANYTIME PAYMENT IS MADE.

Clinton

Clinton Friday

Manager.

ECS.RE01

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

Section 30(1)

Mark 'X' as Appropriate

Public/Private Companies [ ] Informal Sector Employer [ ] Partnership [ ]

Sole Proprietorship [ ] Others (please specify) [ ]

PART 1: PARTICULARS OF BUSINESS (for MDAs, public and private companies):

1.1 Employer Name: GABU HAM ENTER

1.2 Incorporation Number: 6867948 1.3 Address: Street Number: NO 11

Street Name: Olooda Street apo City: Abuja

Local Govt: AMAC State: FCT

1.4 Postal Address:

1.5 Tel Number: 8022331444 1.6 Fax Number:

1.7 Email: gabul@gmail.com

1.8 Does Employer operate in other locations? Yes [ ] No [ ]. 1.9 If yes give details: ....

....

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [ ] No [ ].

1.11 Did business start prior to the Act? Yes [ ] No [ ]

PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: Musa Middle Name:

First Name: Ibrahim Position:

Tel. Number: 8023331144 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or International Passport [ ] Specify ID. Number:

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [signature] Position: Secretary Date: 22/2/23

Surname: Musa First Name: Danly Official Stamp (if any): ....

National Identity Management System

Federal Republic of Nigeria

(Enrollment Transaction Slip)

king ID:	S7Y0O0ZKV00059Q	Surname:	USMAN
stration Centre:	FC DUTSE ERC	First Name:	UMARU
stration Date:	25/05/2018	Middlename:	
ller's ID:	ISAAC	Gender:	Male

e: The transaction slip does not confer the right to the *National Identification Number* nor *Card* (for any enquiries please contact):

elpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-255-646)	National Identity Management Commission 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria