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).

GAND TECHNOLOGIES LTD

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1.	Umar	Khalifa		✓		M	₦40,	000	
2.	Abubakar	Sadiq		✓		M	₦30,	000	
3.	Mohammed	Sadiq		✓		M	₦30,	000	
	January	2021 -	2023		December				
							₦100,	000	
						Sub/Grand Total:			

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: Umar Khalifa Position: MD Signature/Date: 10/2/2023

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 2(

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: Gano Technologies Ltd

2.2 Incorporation Number: RC/1110749 2.3 Address: 94 Emeka Anyaoku Street Garki Area 8

Local Govt.: Amac State: Abuja

2.4 Postal Address: Same as above

2.5 Tel. No. 1: 08166814254 Tel. No. 2: 07041238888

2.7 Email: Umar.mohammed@hotmail.com

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [ ]. If "Yes", fill attached form (ECS REC

2.9 Year of Establishment/Incorporation: 25/4/2013

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Umar Middle Name: Khalifa

First Name: Mohammed Position: MD

Tel. Number: Same as above 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 specif

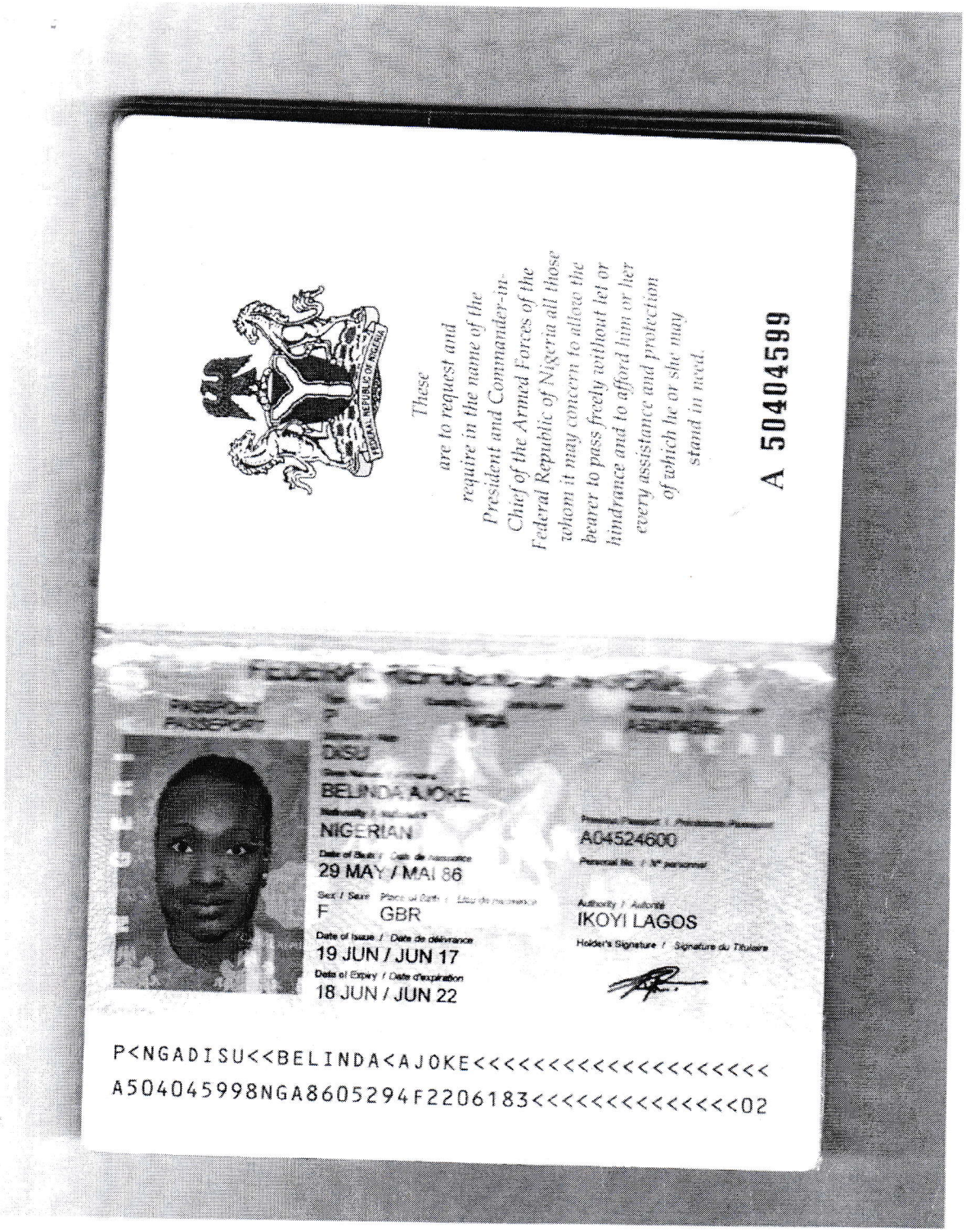
.....

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: MD Date: 10/2/2023

Surname: Umar First name: Mohammed 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 50404599

FEDERAL REPUBLIC OF NIGERIA

PASSPORT

P

DASU

BELINDA AJOKE

NIGERIAN

Date of Birth / Date de naissance
29 MAY / MAI 86

Sex / Sexe
F

Place of Birth / Lieu de naissance
GBR

Date of Issue / Date de délivrance
19 JUN / JUN 17

Date of Expiry / Date d'expiration
18 JUN / JUN 22

Personal Number / N° personnel
A04524600

Authority / Autorité
IKOYI LAGOS

Holder's Signature / Signature du Titulaire

P<NGADISU<<BELINDA<AJOKE<<<<<<<<<<<<<<<<<<<<<<
A50404599 8NGA8605294F2206183<<<<<<<<<<<<<<02