



S N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DO B	Ge nd er	Mari tal Stat us	Employee ID	Employee nt Date	Employee Email	Job Title	State of Origin	Local Governme nt Area	Town	Cont act Phon e	Alter nation of Phon e	Means of Identify r	of Identify Numb er	of Identify Issue State	Next of Kin	Next of Kin Number	NO of Dependant s	Monthly Remuneration
1	SHAIKU	OPEYEMI	M	WUMBA CLOSE, ABUJA	27/08/1976	F		001	30/1/2022	shaimariopetemi @gmail.com	MANAGER	Kogi	Okene	Okene	08100429920		NIM	8731642183	NIM	SHAIKU GRACE	08103165081	1	30,000
2	OBOSI	JAPHETH	N			M	S	002	30/1/2022		staff	Imo	Owerri	Owerri	08100429920		office		office	OBOSI	08080194450	1	30,000
3	ANAGWURE	ABEL	ENDUCH			M	S	003	30/1/2023		staff	Imo	Owerri	Owerri	08100429920		office		office	ANAGWURE	0815181920	1	30,000
4																							
5																							

Authorized Signatory:.....

Name of Officer:.....

Position:.....

90,000



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: GRD GROLAN INVESTMENT LIMITED

2.2 Incorporation Number: RC1943404

2.3 Address: NO 4

WUMBA CLOSE

Local Govt.: AMAC

State: FCT

2.4 Postal Address:

2.5 Tel. No. 1: 08100429920 Tel. No. 2:

2.7 Email: shaimaryopeyemi@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: RC 1943404 20-6-2022

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: SHAI BU Middle Name: OPETEMI

First Name: MARY Position:

Tel. Number: 08100429920 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):....

GENERAL CONTRACT

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: [Signature] Position: C.P. Date: 30/1/2022

Surname: SHAI BU First name: MARY. O. Official Stamp (if any):

WASH. D.C. 20505

27 MAR 1996

06 JAN 2023

NIGA



6731 649 1853

DISCLAIMER

111

ready should wait until this CD is provided, that you verify the credentials using a Government Approved web-based application.

The people on the front of the MVD must EXACTLY match the verification result.

CAUTION!

compared to the other two groups. The authors conclude that the use of a single, standardized, validated questionnaire is a practical and effective method for assessing the prevalence of depression in a community sample.