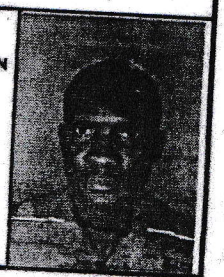
National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: 6DWV6DW7Y00005T	Surname: AHMED	Address: BESIDE UKP STANDARD SCHOOL BYHAZIN ACROSS	
NIN: 38616871146	First Name: USMAN		
	Middle Name: TEMITOPE		
	Gender: M	KUBWA FCT Abuja	

Note: The *National Identification Number (NIN) is your identity.* It is confidential and may only be released for legitimate transactions.

You will be notified when your National Identity Card is ready (for any enquiries please contact).

helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Commission 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria

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: CHADO INVESTMENT LTD

2.2 Incorporation Number: RC 1295 72

2.3 Address: NO 9 117 Barnet Yunna Road

Local Govt.: Amac State: FCT

2.4 Postal Address:

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

2.7 Email: chado@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:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Yusuf Middle Name:

First Name: Usman Position:

Tel. Number: 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):....

Civil Govt

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position:..... Date: 21/4/23

Surname: Usman First name: Yusuf Official Stamp (if any):.....

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)

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
Asan		Paul																		3qm
Abdl		Dom																		3qm
Ham2k		Idh																		3qm

RM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
RM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

USER SIGNATORY

NAME OF OFFICER

Usman Tosin

POSITION

24/9/25