

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)

GIDOROGOSA Green Field
NIG LTD

NAME	EMPLOYEE MIDDLE NAME	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
Uman Shir	Innocent	Idubama Ose	-	18/7/80	M	Married	003	Jan 2024	-	Director	Edo	Edo	Edo	09055555555	-	pin	Edo	wife	3	300,000
David	Osaize	Enosike Ware	-	21/5/85	M	Married	003	Jan 2024	-	Director	Edo	Edo	Edo	09055555555	-	pin	Edo	wife	2	230,000
Enosike Ware	Glory	Blessing	-	09/8/87	F	Married	003	Jan 2024	-	Director	Edo	Edo	Edo	09055555555	-	pin	Edo	husband	3	230,000
				March 2023 - December 2024		Accd		90,000 x 10% = 9,000 x 22 months												90,000

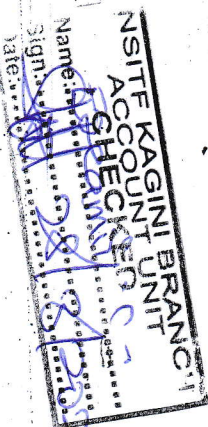
FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

CRISED SIGNATORY

28/3/2024

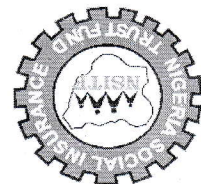
NAME OF OFFICER: Bolanmua Elergs POSITION

MD



NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF) **(Employees' Compensation Act, 2010)**

Registration of Employer



ECS.RE.01a

(Any wrong information/declaration is an offence and is punishable under Sections 39 and 65 of the ECSA 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:

2.2 Incorporation Number: 2.3 Address:

Local Govt.: State:

2.4 Postal Address:

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

2.7 Email:

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: Middle Name: Position:

First Name: Tel. Number: Mode of Identification: National ID. ☐ PIN ☐

Driver's License ☐ International Passport ☐ Specify ID. Number:

PART 4: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐ MDS ☐ 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: Position:

Date:

Surname: First name: Official Stamp (if any):



National Identity Management System
Federal Republic of Nigeria
National Identification Number Slip (NINS)



Tracking ID: STYCOUYMH00065J		Surname: BOLARINWA	Address: BEHIND SUNNY VALLE
NIN: 61915242154		First Name: GBENGA	Gender: M Middle Name: PATRICK Address: GALADIMAWA 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@nlimc.gov.ng	www.nlimc.gov.ng	6700-CALL-NIMC (0700-2255-648)	National Identity Management Commission 11, Sokoto Crescent, Off Durbang Street, Zone 5 Wuse, FCT Abuja, Nigeria