FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

GLESS INVESTMENT NIGERIA LIMITED

JAN '22 – DEC '23

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 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
CHINENYE	DAMIANA	Lagos		F	SINGLE	010	JULY 3rd 2022		SECRETARY	ENUGU	NZUKKA	ENUGU			OFFICE ID CARD	LAGOS			55,000
TIMOTHY	UMULE			M	SINGLE	011	03/1/2022		STAFF	NAJA STATE	MUNNA	NAJA STATE			OFFICE ID CARD	LAGOS			55,000
PETER	NWUKWE			M	SINGLE	012	03/1/2022		STAFF	ENUGU	NZUKKA	ENUGU			OFFICE ID CARD	LAGOS			50,000
																			160,000.00

NSITF KAGINI BRANCH ACCOUNT UNIT CHECKED
Name: Prince O.A
Sign:
Date: 25/07/23

7 160,000 = 1600 x 24 months = 38,400

Grand total = ₦79400

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

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

GLESS INVESTMENT NIGERIA LIMITED.

August 2016 — Dec' 2019

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

S/N	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
1	ODIGBO	CHINENYE	DAMIANA	F	SINGLE	F	SINGLE		3/7/2022		SECRETARY	ENUGU	NZUKKA	NZUKKA				OFFICE ID CARD			30,000
2																					
3																					
4	BULUS	TIMOTHY	UMULE	M	SINGLE	M	SINGLE		3/7/2022		STAFF	ABUJA STATE	M.NNA	NNEWI				OFFICE ID CARD			30,000
5																					
6																					
7	UZODIMMA	PETER	ADUKWE	M	SINGLE	M	SINGLE		3/7/2022		STAFF	ENUGU	NZUKKA	ENUGU				OFFICE ID CARD			40,000
8																					
9																					
10																					

NSITF KAGINI BRANCH ACCOUNT UNIT CHECKED
Name: Peace E. A. 40,000
Sign:
Date: 28/3/23

1% of 100,000 = 1000 x 41 months = 41,000

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

NAME OF OFFICER.....

POSITION.....

AUTHORISED SIGNATORY.....

ECS RE 01a

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: GLESS INVESTMENT NIGERIA LIMITED

2.2 Incorporation Number: 1349455T

2.3 Address: LAGOS

AVENUE HOUSE 10,E CLOSE FEST

Local Govt.: AMUWO ODOFIN State: LAGOS

2.4 Postal Address: AVENUE, HOUSE 10, E CLOSE FEST. LAGOS

2.5 Tel. No. 1: 08037188570 Tel. No. 2:

2.7 Email: info.gless@investment.com

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [✓] If "Yes", fill attached form (ECS PE01b)

2.9 Year of Establishment/Incorporation: 2016-12-20

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: KOLO Middle Name: BABA

First Name: JIYA Position: MANAGING Director

Tel. Number: 08037188570 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [✓] Specify ID. Number: B50036953

PART 4: BUSINESS SECTOR CATEGORIES:

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

MDAs [ ] 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: MANAGER Date: 25/7/2023

Surname: KOLO First name: JIYA Official Stamp (if any): BN

FIRS

It pays to pay your taxes..

TAX CLEARANCE CERTIFICATE

TCC NO : 223418024845
TAX OFFICE : MSTO FESTAC
DATE : 2023-03-23

Name of Company	: GLESS INVESTMENT NIGERIA LIMITED
RC No	: 1349455
Date of Incorporation	: 2016-07-20
TIN	: 19898063-0001
FIRS ID	: 2201110114845
Business Address	: AVENUE ,HOUSE 10, E CLOSE FEST
Business Status	: Commenced Business 2022-01-01

This is to certify that the above named company has rendered Income Tax, Value Added Tax, Information Technology Development Levy, Education Tax, as well as other tax returns and paid the assessed taxes in accordance with the relevant tax laws for all years including the past three assessment years as detailed hereunder.

	Assessment Year 2020	Assessment Year 2021	Assessment Year 2022
Revenue	NGN 0.00	NGN 0.00	NGN 2,850,900.00
Assessible Profit/Loss	NGN 0.00	NGN 0.00	NGN 177,112.00
Total Profit	NGN 0.00	NGN 0.00	NGN 0.00
Tax Payable	NGN 0.00	NGN 0.00	NGN 0.00
Tax Outstanding (If Any)	NGN 0.00	NGN 0.00	NGN 0.00

Source of Income	: Other personal service activities n.e.c.
Other Comments	: Issued
This Certificate Expires on	: 2023-12-31

MUHAMMAD NDAYAKO
Tax Controller

Official Stamp Impression

Name & Rank of Approving Officer

ECONOMIC COMMUNITY
OF WEST AFRICAN STATES
COMMUNAUTÉ ÉCONOMIQUE DES ÉTATS
DE L'AFRIQUE DE L'OUEST
COMUNIDADE ECONÓMICA DOS ESTADOS
DA ÁFRICA OCIDENTAL

FEDERAL REPUBLIC OF
NIGERIA
RÉPUBLIQUE FÉDÉRALE DU NIGÉRIA
REPÚBLICA FEDERAL DA NIGÉRIA

PASSPORT
PASSEPORT
PASSAPORTE

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport

Type / Type P
Country Code / Code du pays NGA
Passport No. / N° Passeport B50036953

Surname / Nom
KOLO

Given Names / Prénoms
JIYA BABA

Nationality / Nationalité
NIGERIAN

Date of Birth / Date de Naissance
05 MAY / MAI 66

Sex / Sexe M
Place of Birth / Lieu de Naissance
ILORIN

Date of Issue / Date de Délivrance
14 OCT / OCT 20

Date of Expiry / Date d'expiration
13 OCT / OCT 30

Previous Passport / Passeport Précédent
A07027596

NIN
39506140357

Authority / Autorité
ABUJA HQRS

Holder's Signature / Signature du Titulaire

P<NGAKOLO<<JIYA<BABA<<<<<<<<<<<<<<<<<<<<<<<<
B500369538NGA6605050M3010138395061403 57<<<96