



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)

JAN 22 - DEC 23

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
CHINERYE	DAMIANWA	LAGOS		X	SINGLE	010	JULY 3rd 2002		SECRETARY	ENUGU	NZUKA	ENUGU			OFFICE ID CARD	LA 605	LA 605			55,000
TIMOTHY	UMULE			M	SINGLE	011	03/7/2002		STAFF	NZUKA STATE	MUNWA	NZUKA STATE			OFFICE ID CARD	LA 605	LA 605			55,000
PETER	NAUKWE			M	SINGLE	012	03/7/2002		STAFF	ENUGU	NZUKA	ENUGU			OFFICE ID CARD	LA 605	LA 605			50,000
																				160,000.00

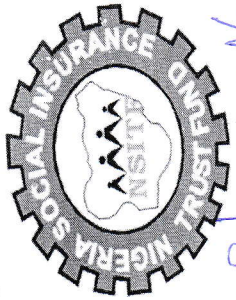
NSITF KAGNILE BRANCH
ACCOUNT UNIT
CHECKED
Name: *...*
Sign: *...*
Date: *...*

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

Grand Total = 79,400

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

Gless INVESTMENTS
ALGERIA LIMITED.



Dec 100
EMPLOYEES' SCHEDULE OF PAYROLL

August 2016

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 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	
1	Odigbo	Chinweye	Samirah				SINGLE		3/7/2022		Secretary	Enugu	Nzaka	Nzaka				OFFICE	OFFICE			30000
2							SINGLE															
3							SINGLE															
4							SINGLE		3/7/2022		STAFF	Aljia	Minna	Minna				OFFICE	OFFICE			301000
5							SINGLE															
6							SINGLE															
7							SINGLE		3/7/2022		STAFF	Enugu	Nzaka	Nzaka				OFFICE	OFFICE			40000
8							SINGLE															
9							SINGLE															
10							SINGLE															

UNIT ACCOUNT CHECKED: 100000

NAME: Peter
SIGN: [Signature]
DATE: 28/11/2023

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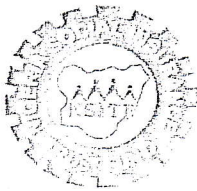
100.00 = 100

THIS FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE
THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

POSITION.....

NAME OF OFFICER.....

AUTHORISED SIGNATORY



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)

ECS RE 915

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: 1349458

2.3 Address: LAGOS

AVENUE HOUSE 10, E

CLOSE FEST

Local Govt.: AMOJO 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@GLESSinvestment.com

2.8 Does Employer have other branches and subsidiaries? Yes ☐ No ☒ If "Yes", fill attached form (ECS PED1b)

2.9 Year of Establishment/Incorporation: 2016-17-20

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: KOLO

Middle Name: BABA

First Name: JIYA

Position: MANAGING Director

Tel. Number: 0837188570

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: [Signature] Position: MANAGER Date: 28/7/2023

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

TAX CLEARANCE CERTIFICATE

IT PAYS TO PAY YOUR TAXES...

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



GLESS INVESTMENT NIGERIA LIMITED

Name of Company
RC No

Date of Incorporation

TIN

FIRS ID

Business Address

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	Revenue	Assessable Profit/Loss	Total Profit	Tax Payable	Tax Outstanding (if Any)	Source of Income	Other Comments	This Certificate Expires on
2020	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00	Other personal service activities n.e.c.	: 2023-12-31
2021	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00		
2022	NGN 2,850,900.00	NGN 177,112.00	NGN 0.00	NGN 0.00	NGN 0.00	NGN 0.00		

MUHAMMAD NDAYAKO
Tax Controller
Name & Rank of Approving Officer

Official Stamp Impression



FEDERAL REPUBLIC OF
NIGERIA
REPUBLIC OF THE FEDERAL OF NIGERIA
REPUBLICA FEDERAL DA NIGERIA

PASSPORT



FEDERAL REPUBLIC OF NIGERIA

13 OCT / OCT 30
 Official expiry / Date of expiration
 14 OCT / OCT 20
 Date of issue / Date of publication
 M ILORIN
 Sex / Sexe / Place of birth / Lieu de naissance
 05 MAY / MAI 66
 Date of birth / Date de naissance
 NIGERIAN
 Nationality / Nationalité
 JIYA DABA
 Given Names / Noms
 KOLO
 Surname / Nom
 NGA
 Country Code / Code du pays
 P / type
 8500368953
 Passport No. / Numéro de passeport
 A07027596
 NIN
 39506140357
 Authority / Autorité
 ABUJA HQRS
 Holder's Signature / Signature du titulaire

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