FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT 1207-8950-5416

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

GO SMART THINGS NIGERIA LIMITED

EMPLOYEE FIRST NAME	SS	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
																				30,000
																				30,000
																				30,000
																				90,000

10% = 900 X 13 months = 11,700 =

December 2022 — Dec 2023

CRP3

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.

RISED SIGNATORY.....

NAME OF OFFICER..... Otih O.

POSITION.....

GRP 3

ECS.RE01

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

Section 39(1)

Mark 'X' as Appropriate

Public/Private Companies [ ] Informal Sector Employer [ ] Partnership [ ]

Sole Proprietorship [ ] Others (please specify) [ ]

PART 1: PARTICULARS OF BUSINESS (for MDAs, public and private companies):

1.1 Employer Name: Go Smart Things Nigeria Limited

1.2 Incorporation Number: 2007062 1.3 Address: Street Number: NO 12

Street Name: Mohammed Idu Street City: Wuse II

Local Govt: Abuja State: FCT

1.4 Postal Address:

1.5 Tel Number: 08034458644 1.6 Fax Number:

1.7 Email: mhm@gosmart.com

1.8 Does Employer operate in other locations? Yes [ ] No [ ]. 1.9 If yes give details: .....

.....

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [ ] No [ ].

1.11 Did business start prior to the Act? Yes [ ] No [ ]

PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: Obuthu Middle Name:

First Name: Otih Position:

Tel. Number: 07063415110 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number:

PART 3: BUSINESS SECTOR CATEGORIES:

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

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify).....

Gen. Contractors

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: Secretary Date: 8/2/23

Surname Obuthu First Name: Otih Official Stamp (if any): .....

National Identity Management System

Federal Republic of Nigeria

(Enrollment Transaction Slip)

ing ID:	S7Y0O0ZK[illegible]00059Q	Surname:	USMAN
tration Centre:	FC DUTSE LRC	First Name:	UMARU
tration Date:	25/05/2018	Middlename:	
ler's ID:	ISAAC	Gender:	Male

The transaction slip does not confer the right to the *National Identification Number* nor *Card* (for any enquiries please contact):

lpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-225-646)	National Identity Management Commission 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria