



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)

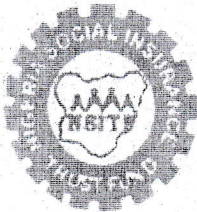
GO SHAR, HINGUS ALICETRA LIMITED

[illegible]

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.

NAME OF OFFICER.

RISED SIGNATORY



GRP 3
FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)

ECS.RE01

Registration of Employer
Section 36(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: Muhammed Idris Street City: MUSEK
Local Govt: Amara State: FC
1.4 Postal Address: _____
1.5 Tel Number: 08034452644 1.6 Fax Number: _____
1.7 Email: info@smarthings.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: Oboh Middle Name: _____
First Name: OTI Position: _____
Tel. Number: 0706341520 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. Conf.

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: _____

Position: _____

Date: _____

Surname: _____

First Name: _____

Official Stamp (if any): _____

National Identity Management System

Federal Republic of Nigeria
(Enrollment Transaction Slip)



Enrollment ID:	S7Y000ZK100059Q	Surname:	USMAN	
Enrollment Centre:	FC DUTSE LRC	First Name:	UMARU	
Enrollment Date:	25/05/2018	Middlename:		
Enrollment ID:	ISAAC	Gender:	Male	

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

ipdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-255-646)	National Identity Management Commission 11, Sokoto Crescent, Off Excal Street, Zone 5 Wuse, Abuja, Nigeria
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