



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: Gelis Finance Ltd

1.2 Incorporation Number: 25-27593

Street Name: 11th - 6th Wd Grove

Local Govt: Amac

1.4 Postal Address: Amac

1.5 Tel Number: 096989927

1.7 Email: finance@gelis.com

1.8 Does Employer operate in other locations? Yes [] No []

1.9 If yes give details: Amac

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: Just

First Name: Just

Tel. Number: 096989927

Mode of identification: National I.D. [] or Drivers Licence [] or International Passport [] Specify ID. Number: 096989927

Middle Name: Just

Position: Just

PART 3: BUSINESS SECTOR CATEGORIES:

☒ Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐ MDA's ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify): Construction

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [Signature]

Position: MD

Date: 17/11/20

Official Stamp (if any): [Stamp]

First Name: Just

Surname: Just

FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

Employee Information							Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Oforah	Yeoman C					181	000	
2	Oforah	Tugbo L					181	000	
3	Oforah	Rumas Stephen					181	000	
							Sub/Grand Total:		

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official:.....

Position:

Signature/Date:

2014



**NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)**

EMPLOYEES' SCHEDULE OF PAYMENT

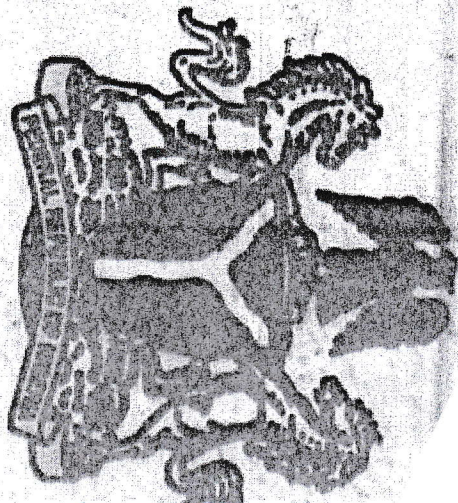
(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

[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:

POSITION



These

are to request and
require in the name of the
President and Commander
Chief of the Armed Forces of
Federal Republic of Nigeria at
whom it may concern to allow
bearer to pass freely without
hindrance and to afford him or
every assistance and protection
of which he or she may
stand in need.

A 11756244

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

Type / Type

Country Code / Code du pays

NGA

P

Surname / Nom

OBIORAH

Given Names / Prénoms

LAWRENCE TAGBO

Nationality / Nationalité

NIGERIAN

Date of Birth / Date de naissance

13 JUN / JUN 85

Sex / Sexe

M

ONITSHA

Date of Issue / Date de délivrance

13 MAR / MAR 21

Date of Expiry / Date d'expiration

12 MAR / MAR 26

Personal No. / N° personnel

CALABAR

Holder's Signature / Signature du Titulaire

