(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: GUS FAMOUR WEAR LOGISTIC

1.2 Incorporation Number: 25-27593 1.3 Address: Street Number: NO 32

Street Name: AFE-BABA Idia Street City: ABA ABIA

Local Govt: AMAC State: FCT

1.4 Postal Address:

1.5 Tel Number: 07069899227 1.6 Fax Number:

1.7 Email: famour@gmail.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: Yusuf Middle Name:

First Name: Usman Position:

Tel. Number: 07069599227 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): .....

..... Consultant

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: MD Date: 17/4/23

Surname Yusuf First Name: Usman Official Stamp (if any): .....

ECS.RE03

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	Tofforah	Ifeoma C					18,000		
2	Obiorah	Tagbo L					18,000		
3	Obiorah	Nzuma Stephen					18,000		
					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:..... 17/11/25

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)

S/N	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARITAL 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																					
2																					
3																					
4																					
5																					

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 the

Federal Republic of Nigeria all

whom it may concern to allow the

bearer to pass freely without

hindrance and to afford him

every assistance and protection

of which he or she may

stand in need.

A 11756244

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

Type / Type: P
Country Code / Code du pays: NGA
Passport No. / Passeport N°: A11756244

Surname / Nom
OBIORAH

Given Names / Prénoms
LAWRENCE TAGBO

Nationality / Nationalité
NIGERIAN

Date of Birth / Date de naissance
13 JUN / JUN 85

Sex / Sexe: M
Place of Birth / Lieu de naissance
ONITSHA

Date of Issue / Date de délivrance
13 MAR / MAR 21

Date of Expiry / Date d'expiration
12 MAR / MAR 26

Authority / Autorité
CALABAR

Holder's Signature / Signature du Titulaire

Personal No. / N° personnel