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)

GOODDIES INTEGRATED CONCEPT LIMITED

	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TLTLE	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	KABIR	CHARISSA	MARIELLA		17/10/80	F	MARRIED	900 1	4/2/2020		MD	ENUGU	[illegible]	[illegible]	08061390844		NIM	[illegible]	[illegible]	2	30,000
2	JOHN	MIKE	UCHE		04/11/81	M	SINGLE	GO0 2	3/4/2021		AR	EBONY	[illegible]	[illegible]			NIM	EBONY	[illegible]		30,000
3	GODSPOWER	EZECHI			01/02/90	M	SINGLE	900 3	4/4/2021		CASHIER	EBONY	[illegible]	[illegible]			NIM	EBONY	[illegible]		30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Accts

Accts

∴ ₦18,360 + ₦32,400 from January 2020 – December 2022

= ₦50,760

⇒ 36 months 1% = 900 × 36

= ₦32,400

25/10/2022

₦90,000

HIS FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.

HIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

UTHORISED SIGNATORY.................... NAME OF OFFICER KABIR CHARISSA POSITION ....

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).

GOODIES INTEGRATED CONCEPT LIMITED

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	KABIR	CHARLES A					18,000	=	
Sub/Grand Total:							₦18,000	1% = 180 × 102 = ₦18,360	

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: 25/10/2022

Sept - 2011 — DEC - 2019

25/10/2022

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

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: GOODDIES INTEGRATED CONCEPT LIMITED

2.2 Incorporation Number: RC718261 2.3 Address: NO1

AKANUAMAGUAO ROAD ISHIAGUNO LGA ISHIAGU

Local Govt.: State: EBONYI

2.4 Postal Address:

2.5 Tel. No. 1: 08061390844 Tel. No. 2:

2.7 Email: gooddiesintegratedconcept@gmail.com

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [ ]. If "Yes", fill attached form (ECS RE01b)

2.9 Year of Establishment/Incorporation:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: KABIR Middle Name: MARCELLA

First Name: CHARISSA Position: MD

Tel. Number: 08061390844 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number:

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

.............GENERAL CONTRACTOR.............

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:.........[signature]......... Position:.........MD......... Date: 25/10/2022

Surname:......KABIR......... First name:......CHARISSA......... Official Stamp (if any):.........