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 [X] Informal Sector Employer [ ] Partnership [ ] Sole Proprietorship [ ]

Others (please specify) [ ].....

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: GOODSTORLESS LIMITED

2.2 Incorporation Number: RC1826665 2.3 Address: HSE 31 UNIBEN CLOSE GACADIMAWA ABUJA

Local Govt.: AMAC State: FCT-ABUJA

2.4 Postal Address: SAME AS ABOVE

2.5 Tel. No. 1: 07058700510 Tel. No. 2:

2.7 Email: Obiiwunze@yahoo.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: 10TH AUG, 2021

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: EDWIN Middle Name:

First Name: EMMANUEL Position: MANAGER

Tel. Number: 07058700510 Mode of Identification: National ID. [ ]

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

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

.....

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: Edwin Position: MANAGER Date: 15-03-2023

Surname: EDWIN First name: EMMANUEL Official Stamp (if any):

It pays to pay your taxes..

TAX CLEARANCE CERTIFICATE

TCC NO : 220235858420
TAX OFFICE : MSTO WUSE
DATE : 2023-02-15

Name of Company : GOODSFORLESS LIMITED
RC No : 1826665
Date of Incorporation : 2021-08-10
TIN : 23987641-0001
FIRS ID : 202305484566458
Business Address : HSE 31, UNIBEN CLOSE, GALADIMAWA

Business Status : Yet To Commenced Business

This is to certify that the above named company has rendered Income Tax, Value Added Tax, Information Technology Development Levy, Education Tax, as well as other tax returns and paid the assessed taxes in accordance with the relevant tax laws for all years including the past three assessment years as detailed hereunder.

	Assessment Year 2020	Assessment Year 2021	Assessment Year 2022
Turnover	NGN 0.00	NGN 0.00	NGN 0.00
Assessible Profit/Loss	NGN 0.00	NGN 0.00	NGN 0.00
Total Profit	NGN 0.00	NGN 0.00	NGN 0.00
Tax Payable	NGN 0.00	NGN 0.00	NGN 0.00
Tax Outstanding (If Any)	NGN 0.00	NGN 0.00	NGN 0.00

Source of Income : Wholesale on a fee or contract basis
Other Comments : Approved
This Certificate Expires on : 2023-12-31

ALAN SAMBO
Tax Controller

Official Stamp Impression

Name & Rank of Approving Officer

FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)
EMPLOYEES' SHEDULE OF PAYMENT FOR GOODSFORLESS LIMITED

(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	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 DEPENDANT	SALARY, MONTHLY
1	KASE	Victoria		ABUJA	18/9/1996	F	SINGLE	5/1/2022		ADMIN OFFICER	BENUE	KONSHISHA	BENUE	7058700510		NAT ID CARD	ABUJA	KASE JOSEPH	NIL	30,000.00
2	DAUDA	JOY		ABUJA	27/8/1997	F	SINGLE	7/1/2022		SECRETARY	KOGI	BASSA	BASSA	9094157069		NAT ID CARD	ABUJA	RUFUS GWOJE DAUDA	NIL	30,000.00
3	EDWIN	EMMANUEL		ABUJA	16/12/1997	M	SINGLE	9/1/2022		MANAGER	BENUE	BURUKU	BURUKU	8127235757		NAT ID CARD	ABUJA	EDWIN PETER	NIL	30,000.00
4																				
5																				
6																				
7																				
8																				
9																				
10																				
																				90,000.00

This form should be duly completed and submitted by the employer to reflect the estimate of earnings of the employees.
This form should be completed any time payment is made.

Authorised Signatory.....

Name of officer.....

Position.....MANAGER *Date*.....15-03-23

+ 1% = 900

Jan 2023 – Dec 2023

900 + 12 months = 10,800///

Acct

P.12

15/3/2023

EMMANUEL:INC2 2000 0001 3944 391

DATE OF REG.:APR 12,2022

BATCH.: A/18-02-12-028/06 | SERIAL NO.: 41376325

ISSUED BY INEC PURSUANT TO SECTION 16 OF THE ELECTORAL ACT 2010