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	MARRITAL 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
1	SANNI	MOHAMMED	ADESINA	18 HESO Layout Road ST	1979	M	M	GHH001			MD	OGUN	OTTA	OTTA	08034 87736	/	NID		/	/
2																				
3	OLAJIDE	KEMI	ABIGAL	18 HESO Layout ST Road	1988	F	/	GHH002			Secretary	OGUN	SHAGA mu	SHAGA mus	07043258811	/	/		/	/
4																				
3	UCHE	CLEMENT	UGO	50 Adeniyi St Surulere	1993	M		GHH0023			SUPER VISR	IMO	NKWERE	NKWERE	09081248819	/	/		/	/
6																				
7																				
8																				
9																				
10																				

₦9,000

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name:
Sign:
Date: 04/07/2024

1% = 900

March 2024 to Dec 2024 (10 months)

900 X 10 months = ₦9,000

₦9,000

Sanni Mohammed 4/7/24

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 ANYTIME PAYMENT IS MADE.

ECS.RE.01a

FEDERAL REPUBLIC OF NIGERIA

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: GREATER HIGHER HEIGHT AMBASSADOR LTD

2.2 Incorporation Number: RC 7362107

2.3 Address: PLOT 18 NIA Junior Quarters FHA, LUGBE

Local Govt.: AMAC State:

2.4 Postal Address:

2.5 Tel. No. 1: 08034877736 Tel. No. 2:

2.7 Email: greaterhigher@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: 22/02/2024

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: SANI Middle Name: MOHAMMED

First Name: ADESINA Position: MD

Tel. Number: 08034877736 Mode of Identification: National ID. [✓]

Driver's License [ ] International Passport [ ] Specify ID. Number: 95315871829

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

G. C

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: ..... Position: MD Date: 4/7/24

Surname: SANI First name: ADESINA Official Stamp (if any):.....

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: 2OXY14U0PE0003J	**Surname:** SANNI	**Address:** 18, IFESOWAPO STREET, MOWE	
NIN: 95315871879	**First Name:** MOHAMMED		
	Middle Name: ADESINA		
	Gender: M	MOWE Ogun	

Note: The ***National Identification Number (NIN) is your identity.*** It is confidential and may only be released for legitimate transactions.

You will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	**National Identity Management Commission** 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria