FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

APRIL 2021 – DEC. 2023

(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 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	MARYAM	BASHIR	MADUGU	18-2-02	KANO	F	S	01			MANG	KANO	MUNICIPAL	KANO		NIL	NIN	FCT	NIL	NIL	30,000
2	DA'AMATU	BASHIR	MADUGU	20-5-02	KANO	M	S	02			ADMN	KANO	MUNICIPAL	KANO		NIL	NIN	KANO	NIL	NIL	30000
3	AMINU	BASHIR	MADUGU	10-11-18	KANO	M	S	03			SEN. MAN	KANO	MUNICIPAL	KANO		NIL	NIN	KANO	NIL	NIL	30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					30,000

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.

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: GUILLE ENERGY SERVICES LTD.

2.2 Incorporation Number: 1784186

2.3 Address: NO 28 MELITA PLAZA AREA 11

Local Govt.: GARKI State: F.C.T

2.4 Postal Address:

2.5 Tel. No. 1: 08056579393 Tel. No. 2:

2.7 Email: olamike038@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: SALIS Middle Name: BALARABE

First Name: SALIS Position: C.E.O

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

Driver's License [ ] International Passport [ ] Specify ID. Number: 74870614704

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

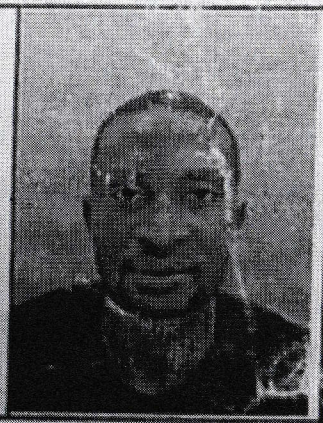
Signature or Thumbprint:..... Position: C.E.O Date:.....

Surname: SALIS First name: BALARABE Official Stamp (if any):.....

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: S7Y0O0ZJ10002X7	Surname: SALIS	Address: BY16 FAKI ROAD BY DUTSINMA STREET TUDUN WADA KADUNA	
NIN: 74870614704	First Name: BALARABE		
Issue Date: 13/05/2014	Middle Name: SALIS		
	Gender: M	TUDUN WADA Kaduna	

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	07040144452, 07040144453, 07040144454	National Identity Management Commission 11, Solode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria