

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 ECSA 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: **H. Y. D. SUPRENT LIME MFG LTD**

2.2 Incorporation Number: **1903518**

2.3 Address: **Plot 11, Garki, Abuja**

Local Govt.: **AMAC**

State: **Abuja**

2.4 Postal Address: **SUITES 3, BATA 174, PLOT 11, GARKI, ABUJA**

2.5 Tel. No. 1: **08033524937**

2.7 Email: **eswelu84@yahoo.com**

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

2.5 Year of Establishment/Incorporation: **2014**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **AL**

Middle Name: **ESTHER**

First Name: **MUHAMMAD**

Position: **MD**

Tel. Number: **08033524937**

Mode of Identification: National ID [☐] International Passport [☐] Specify ID Number: **24937**

Driver's License [☐] International Passport [☐] Specify ID Number: **24937**

PART 4: BUSINESS SECTOR CATEGORIES

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

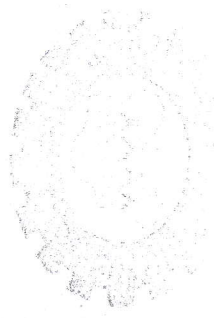
MDAs [☐] Oil & Gas [☐] Agriculture [☐] Energy [☐] Telecom [☐] Others (please specify): **General Contractor**

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON

I certify that the above particulars are correct

Signature or Thumbprint: **[Signature]** Position: **MD** Date: **15/01/2024**

Surname: **AL** First name: **ESTHER** Official Stamp (if any): **[Stamp]**



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IF AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

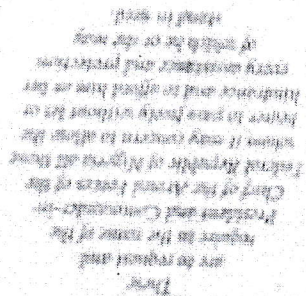
H.Y.D SUPER LTD
N119 LTD

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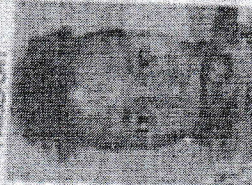
March 2022 - Dec 2024
1/0900 X 34 = 30,600 =
March 2022 - December 2024
(34 months)
10000 X 12 X 34 = 408000
= 30,600 =
408000 =

NSITF KAGANI BRANCH
ACCOUNT UNIT
Name: A. M. A. A.
Sign: A. M. A. A.
Date: 15/12/2024

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.



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