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

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

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: H. Y. D SUPER LINK NIG LTD

2.2 Incorporation Number: 1903518 2.3 Address:

Local Govt.: AMAC State:

2.4 Postal Address: SUITES 3, BATAIYA PLAZA AREA III, GARKI ABUJA

2.5 Tel. No. 1: 08033524937 Tel. No. 2:

2.7 Email: esthealli84@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:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: ALI Middle Name: ESTHER

First Name: MUTUMA Position:

Tel. Number: 08033524937 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: Position: MD Date: 15/01/2024

Surname: ALI First name: ESTHER Official Stamp (if any):

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

H.Y.D SUPER LIN
MIS LTD

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	SALARY, MONTHLY
1	MATHIAS	KEFAS		AREA 11, GARKI	9/5/90	M	MARRIED	NIMS	01/04/2022	estherali84@yahoo.com	manager	KANO	AMAC	GARKI	08033524937	The same as above	NIMS	NIGERIA	son		30,000
2	JAGINDI	GRACE	BABA		5/8/92	F					clerk								son		30,000
3	MARKUS	AYUBA	KWASIRI		6/7/94	M					secretary								son		30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					

March 2022 – Dec 2024
1% 900 X 34 – ₦30,600 =

March 2022 – December 2024
(34 Months)
₦90,000 × 1% × 34
= ₦30,600

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: ...
Sign: ...
Date: 15/01/2024

₦90,000 =

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.

These
are to request and
require in the name of the
President and Commander-in-
Chief of the Armed Forces of the
Federal Republic of Nigeria all those
whom it may concern to allow the
bearer to pass freely without let or
hindrance and to afford him or her
every assistance and protection
of which he or she may
stand in need.

A 09867285

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

P

NGA

A09867285

ALI

ESTHER MUTONG

NIGERIAN

14 JUN / JUN 83

F MAKU

30 OCT / OCT 18

29 OCT / OCT 23

FCT, ABUJA

P<NGAALI<<ESTHER<MUTONG<<<<<<<<<<<<<<<<<<<<<

A098672853NGA8306144F2310299<<<<<<<<<<<<<<<06