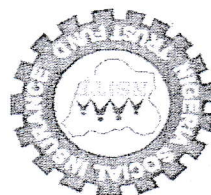


**FEDERAL REPUBLIC OF NIGERIA**  
**NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)**  
 (Employees' Compensation Act, 2010)



**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: **HAFSYS FOOD CO**

2.2 Incorporation Number: **2489845**

2.3 Address: **MAITAMA**

**GANA STREET**

State: **FCI**

Local Govt.: **AMAC**

2.4 Postal Address:

2.5 Tel. No. 1: **08039547742**

Tel. No. 2:

2.7 Email: **h9fseehajee@h0tm9il.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: **HAFSAT**

Middle Name:

**SIMAN**

First Name: **MUHAMMAD**

Position:

**DIRECTOR**

Tel. Number: **08039547742**

Mode of Identification: National ID. [ ]

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

**PART 4: BUSINESS SECTOR CATEGORIES:**

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐  
 MDS ☐ 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:

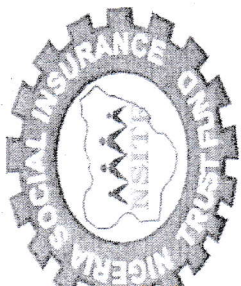
Position: **DIRECTOR**

Date: **17/8/23**

Surname: **HAFSAT**

First name: **MUHAMMAD**

Official Stamp (if any):



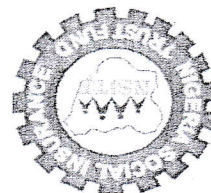
FEDERAL REPUBLIC OF NIGERIA  
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)  
(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT FOR AKAH-BU-UDO FARMS LIMITED

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

| EMPLOYEE<br>MIDDLE NAME | EMPLOYEE<br>NAME | EMPLOYEE<br>ADDRESS | DATE OF BIRTH | GENDER | MARRITAL STATUS | EMPLOYEE ID | EMPLOYMENT<br>DATE | EMPLOYEE EMAIL | JOB TITLE  | STATE OF ORIGIN | L.G.A  | TOWN   | CONTACT PHONE<br>NO. | ALTERNATE<br>NUMBER | MEANS OF<br>IDENTITY | MEANS ID ISSUED<br>STATE | NEXT OF KIN | NO. OF<br>DEPENDANTS | SALARY, MONTHLY |
|-------------------------|------------------|---------------------|---------------|--------|-----------------|-------------|--------------------|----------------|------------|-----------------|--------|--------|----------------------|---------------------|----------------------|--------------------------|-------------|----------------------|-----------------|
| NAJEEB                  | HUSAIN           |                     | 8/4/75        | M      |                 |             |                    |                | DIRECTOR   | JIGAWA          | KAZAKI | KAZAKI | 080363<br>1721       |                     |                      |                          |             |                      | 30,000          |
| UMAR                    | MAIDA<br>KIRAT   |                     | 17/4/76       | F      |                 |             |                    |                | SECRETARY  | SOKOTO          | YABO   | YABO   | 08033<br>1479<br>26  |                     |                      |                          |             |                      | 30,000          |
| NAJIB                   | ADAMU            |                     | 26/5/72       | F      |                 |             |                    |                | ACCOUNTANT | JIGAWA          | KAZAKI | KAZAKI | 09029<br>18120       |                     |                      |                          |             |                      | 30,000          |
|                         |                  |                     |               |        |                 |             |                    |                |            |                 |        |        |                      |                     |                      |                          |             |                      | 90,000          |

SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.  
SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.



**FEDERAL REPUBLIC OF NIGERIA**  
**NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)**  
(Employees' Compensation Act, 2010)

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2.2 Incorporation Number: **2489845**

2.3 Address: **NO 7 MAITAMA**

Local Govt.: **AMAC** State: **FCI**

2.4 Postal Address:

2.5 Tel. No. 1: **08039547742**

2.7 Email: **h9fseehajee@h0tm9il.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: **HAFSAT**

First Name: **MUHAMMAD**

Tel. Number: **08039547742**

Mode of Identification: National ID. [ ]

Specify ID. Number:

**PART 4: BUSINESS SECTOR CATEGORIES:**

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

MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify):

**HOSPITALITY**

**PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:**

I certify that the above particulars are correct

Signature or Thumbprint:

Position:

**DIRECTOR**

Date:

**17/8/23**

Surname: **HAFSAT** First name: **MUHAMMAD** Official Stamp (if any):