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: HAFSYSS FOOD CO

2.2 Incorporation Number: 2489845 2.3 Address: NO 7 GANA STREET MAITAMA

Local Govt.: AMAC State: FCT

2.4 Postal Address:

2.5 Tel. No. 1: 08039547742 Tel. No. 2:

2.7 Email: hafseenajeeb@hotmail.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: SIADU

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 [ ]

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):.....

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 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
T	NAJEEB	HUSAIN		8/4/75	M					DIRECTOR	JIGAWA	KAZAURE	KAZAURE	08036317221						30,000
B	UMAR	MAIDA MIMA		19/4/76	F					SECRETARY	SOKOTO		YABO	08033147926						30,000
TU	NAJIB	ADAMU		26/5/92	F					ACCOUNTANT	JIGAWA		KAZAURE	09029 18120						30,000
																			₦	90,000

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

GNATORY NAME OF OFFICER POSITION

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