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: HAND OF GOD CONSTRUCTION COMPANY LTD

2.2 Incorporation Number: 1566511

2.3 Address: Plot 17B Emab Plaza, Wuse Abuja

Local Govt.: Bwac State: FCT

2.4 Postal Address:

2.5 Tel. No. 1: 08061043181 Tel. No. 2:

2.7 Email: handofgodconstruction@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: 2019

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Cornelius Middle Name: Ehioramhe

First Name: Friday Position:

Tel. Number: 08061043181 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):....

G/contract

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: mgr Date: 29/4/24

Surname: Cornelius First name: Friday Official Stamp (if any):.....

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

HAND of GOD CONSTRUCTION COMPANY LTD

(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	DOB	Gender	Marital Status	Employee ID	Employment Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identity	Means of Identity Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration
1	Fidelis		Nwankwo		1/1/80	M	M				Dri	Imo	Owerri				Nin		Fcy				30,000
2	Chris		Okechukwu		1/1/80	M	M				Sec	✓	✓	✓			✓		✓				30,000
3	Philomena		Dozie		2/1/91	F	M				Acct	✓	✓	✓			✓		✓				30,000
4	January 2020 – Dec 24 = ₦900 × 60 months = ₦54,000																						
5	⇒ March 2019 – Dec 24 ₦2,000 + ₦54,000 = ₦56,000																						
6																							90,000

Authorized Signatory: ..... Name of Officer: Fidelis ..... Position: Mgr .....

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

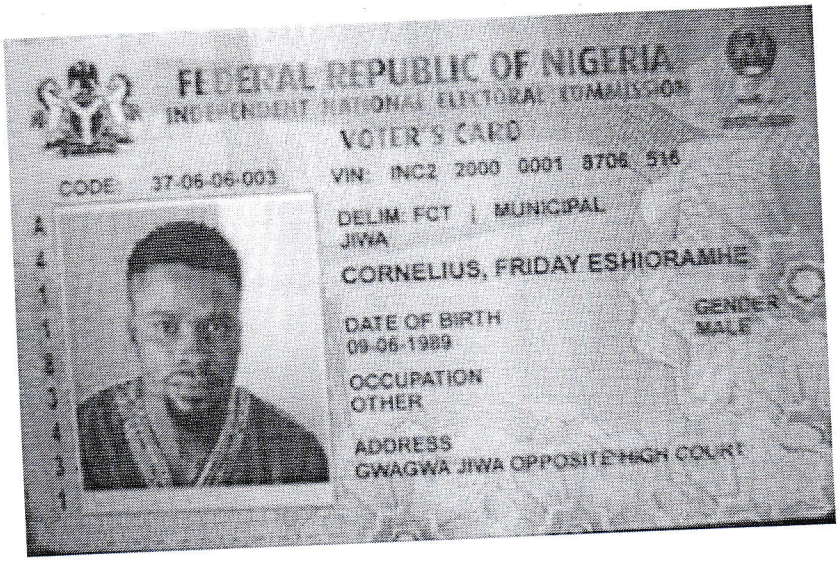
Employer's Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
	Fidelis	Nwamkwo	1/1/80			m	20,000		
	March 2019 - Dec 2019								
	= ₦200 x 10 months								
	= ₦2,000								
						Sub/Grand Total:	20,000		

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official: Fidelis .... Position: .... Signature/Date: ....


FEDERAL REPUBLIC OF NIGERIA
INDEPENDENT NATIONAL ELECTORAL COMMISSION
VOTER'S CARD
CODE: 37-06-06-003
VIN: INC2 2000 0001 8706 516
DELIM: FCT | MUNICIPAL
JIWA
CORNELIUS, FRIDAY ESHIORAMHE
DATE OF BIRTH
09-06-1989
GENDER
MALE
OCCUPATION
OTHER
ADDRESS
GWAGWA JIWA OPPOSITE HIGH COURT
A 4 1 1 8 3 4 3 1