FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENTFOR AKAH-BU-UDO FARMS LIMITED

...ED ECONOMICS CONSULTS LIMITED

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

EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TLTLE	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
Abdul-Wahi	Bello	Umar	No 619 Staff Qrs New Campus BUK	8/2/78	M	Married	001	22/9/22	oyumar[illegible]@gmail.com	MD	Kano	Kano	Kano	08154108708	—	Nat ID	Kaduna	Musa Bello Umar	3	₦30000=
Safiya	—	Abba	✓	6/5/83	F	Married	002	22/9/22	Abba[illegible]@gmail.com	Accounts	Kano	Kano	Kano		—	Nat ID	Kaduna	Fatima Abba		₦30,000=
Mohammed	Musa	Umar	✓	17/2/90	M	Married	003	22/9/22	Musa@yahoo.com	Admin	Kano	Kano	Kano		—	Nat ID	Kaduna	Idris Musa		₦30,000=

September 2022 — December 2022 ₦90,000=

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

...ORISED SIGNATORY: SAbba

NAME OF OFFICER: Safiya Abba — Accountant

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

Section 39(1)

RC1977269

Mark 'X' as Appropriate

Public/Private Companies [ ] Informal Sector Employer [ ] Partnership [ ]

Sole Proprietorship [ ] Others (please specify) [ ]

PART 1: PARTICULARS OF BUSINESS (for MDAs, public and private companies):

1.1 Employer Name: HEN ECONOMICS CONSULTS LIMITED

1.2 Incorporation Number: 1977269 1.3 Address: Street Number: NO 619

Street Name: Staff Quarters New City: Campus Bayero Uni

Local Govt: versity Gwarzo Road Kano State: Kano

1.4 Postal Address:

1.5 Tel Number: 08154108708 1.6 Fax Number:

1.7 Email: oymartins52@gmail.com

1.8 Does Employer operate in other locations? Yes [ ] No [ ]. 1.9 If yes give details: .....

.....

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [ ] No [ ].

1.11 Act? Yes [ ] No [ ]

PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: Umar Middle Name: Bello

First Name: Abdullahi Position: Managing Director

Tel. Number: 08154108708 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number: 39036357453

PART 3: BUSINESS SECTOR CATEGORIES:

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

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify):.....

Consultancy

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: Umar Position: Managing Director Date: 8/11/2022

Surname Umar First Name: Abdullahi Bello Official Stamp (if any): .....
