FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

Section 39(1)

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: HIS FAVOUR FARMS & ALLIED SERVICES LTD

1.2 Incorporation Number: RC 1366390

1.3 Address: Street Number:

Street Name: 21 KUKAERA ST

City: FCT

Local Govt: BWARI

State: ABUJA

1.4 Postal Address: NO 21 KUKAERA close Lugbe PHASE I

1.5 Tel Number: 08092639941

1.6 Fax Number:

1.7 Email: kukaera2@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 Did business start prior to the Act? Yes [ ] No [ ]

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

2.1 Surname: KUKU

Middle Name: Daniel

First Name: Harrison

Position:

Tel. Number: 08092539941

Mode of identification: National I.D. [ ] or Drivers Licence [ ] or International Passport [ ] Specify ID. Number:

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: MD Date: 11/6/2024

Surname ..... First Name: Harrison Official Stamp (if any): .....

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

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 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
1	Chukwu	Chidmaka	Clifford St	Ugo Clifford St Kubwa	1950	Female	Single		2018	thisfavour@gmail.com	Manager	Imo State	Mbaitoli	Amakema	08037251991	08037992551	NIN	Imo	Ema		
2	Akuba Ugo	Anibueze	Kubwa	Close House 5 Gab State Life camp	1954	Female	Married		2016	Emapbang@yahoo.com	Asst. Manager	Imo State	Ikeduru	Ubaro	08037251991		NIN	Imo	Godwin		
3	Daniel	Ani	Avenue	21 Clifford Avenue Arab road Kubwa	1984	male	married		2018	Aniboniel@yahoo.com	Supervisor	Enugu State	Udenu	Enugu	08022318924		NIN	Enugu	Obinna		

FORM 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.

POSITION.....

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).

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Chukwu	Chidamaka	1980			F	18,000		
2	Daniel	Anyaji	1984			M	15,000		
3	Ani	Chukwuma	1984			M	18,000		
						Sub/Grand Total:	₦54000		

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: Harrison Position: MD Signature/Date: 11/6/2

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport

Type / Type
P

Country Code / Code du pays
NGA

Passport No. / N° Passeport
B50103588

Surname / Nom
ALIYU

Given Names / Prénoms
MUSA DANGOGGO

Nationality / Nationalité
NIGERIAN

Previous Passport / Passeport Précédent
A07714327

Date of Birth / Date de Naissance
28 SEP / SEPT 58

NIN
44964041537

Sex / Sexe
M

Place of Birth / Lieu de Naissance
MINNA

Date of Issue / Date de Délivrance
07 AUG / AOÛT 21

Authority / Autorité
ABUJA HQRS

Date of Expiry / Date d'Expiration
06 AUG / AOÛT 31

Holder's Signature / Signature du Titulaire

P<NGAALIYU<<MUSA<DANGOGGO<<<<<<<<<<<<<<<<<<<<<<

B501035889NGA5809286M3108066449640415 37<<<12