

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: HORTZ FOREST LOGHOUT LTD

2.2 Incorporation Number: RC 934392

2.3 Address: 21

AHMAN PATZGI USANKI

Local Govt.:

State: KADUNA

2.4 Postal Address:

2.5 Tel. No. 1: 08033108896 Tel. No. 2:

2.7 Email: hafsundah

2.8 Does Employer have other branches and subsidiaries? Yes ☐ No ☒ If "Yes", fill attached form (ECS RE01b)

2.9 Year of Establishment/Incorporation: NOVEMBER

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: BUDAH Middle Name: ABUBAKAR

First Name: HAFAS Position:

Tel. Number: 0833108896 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):....

GENERAL CONTRACTOR

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: X Position: OWNER Date: 31/5/24

Surname: BUDAH First name: HAFAS Official Stamp (if any):.....

HOME FRESH LOGISTICS LIMITED

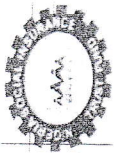


FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
 (EMPLOYEES' COMPENSATION ACT, 2010)
 Employees' Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 85 of the ECA 2010).

S. N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee 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 Dependents	Monthly Remuneration
1	Abimbola	Theresa	Torin			F	Married				Mr. P. O. Okeke	Okeke											168,000
2	Solomon		Torin			M	Married				Mr. C. O. Keare	Keare											59,000
3	Thelma		Ki			F	Single				Productive Keating	Keating											48,000
4	Theresa		Kwaku			F	M				Staff Keating	Keating											30,000
5	Ibrahim		Mariam			F	Married				Staff Keating	Keating											30,000
6	Hajia		Umma			F	S				Staff Sokoto	Sokoto											30,000
7	Theresa		Usman			F	S				Staff Sokoto	Sokoto											30,000

Authorized Signatory: [Signature] Name of Officer: [Signature] Position: [Signature]



NIGERIA SOCIAL INSURANCE TRUST FUND
(Employee's Compensation Act, 2010)
Employees' Schedule of Payments
(Section 40(1)(a) of the Act)

Employer's Name:

Employer's NSITF No:

S/N	SURNAME	FIRST NAME	MIDDLE NAME	GENDER (M/F)	EMPLOYEE DATE OF EMPLOYMENT	DATE OF BIRTH	STATE OF ORIGIN	LGA	CONTACT PHONE NUMBER	MEANS OF IDENTIFICATION (DRIVERS' LICENSE, INTL. PASSPORT, NATL. ID)	STATE OF ISSUANCE	ADDRESS OF EMPLOYEE	JOB TITLE	MARITAL STATUS	SUBJECT OF PAYMENT (Sickness, Maternity, etc.)	MONTHLY PAYMENT
1	Abdullahi	Maryam		F			Kano						Prod. Staff	Single		30,000
2	Usman	Jaradun		F			Sokoto						Prod. Staff	Single		20,000
3	Yusuf	Aminu		F			Kano						Prod. Staff	Single		30,000
4	Abdullahi	Hafsat		F			Kano						Prod. Staff	Single		30,000
5	Abdullahi	Musa		M			Niger						Prod. Staff	Married		50,000
6	Yunusa	Ibrahim		M			Borno						Prod. Staff	Married		50,000
7	Kajogola	Shiriff		M			Kano						Prod. Staff	Single		40,000
8	Abu	Musa		M			Niger						Prod. Staff	Single		27,000
9	Muhammad	Abas		M			Kano						Prod. Staff	Single		25,000
TOTAL																707,000

This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.
This should be completed only time payment is made.

Authorised Signatory:

January 2021 - Dec 2024 = 48 months
07,000 1% = 7,070 X 48 months

339,360



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HOME FRESH FACTORY LIMITED

[illegible]

Authorized Signatory.....	Name of Officer.....	Position:
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It pays to pay your taxes..

TAX CLEARANCE CERTIFICATE

TCC NO : 223115322686
TAX OFFICE : MSTO KADUNA I
DATE : 2023-10-26

Name of Company : HOME FRESH YOGHURT LIMITED
RC No : 434392
Date of Incorporation : 2001-11-08
TIN : 00320214-0001
FIRS ID : 2001110032686
Business Address : 21, AHMAN PATEGI ROAD, U/SARKI



Business Status : Commenced Business 2002-01-01

This is to certify that the above named company has rendered Income Tax, Value Added Tax, Information Technology Development Levy, Education Tax, as well as other tax returns and paid the assessed taxes in accordance with the relevant tax laws for all years including the past three assessment years as detailed hereunder.

	Assessment Year 2020	Assessment Year 2021	Assessment Year 2022
Revenue	NGN 0.00	NGN 13,530,554.00	NGN 12,118,933.00
Assessible Profit/Loss	NGN 0.00	(212,119.28)	(259,028.34)
Total Profit	NGN 0.00	(212,119.28)	NGN 0.00
Tax Payable	NGN 0.00	NGN 0.00	NGN 0.00
Tax Outstanding (If Any)	NGN 0.00	NGN 0.00	NGN 0.00

Source of Income : Activities of business and employers membership organizations
Other Comments : Issued
This Certificate Expires on : 2023-12-31



DATTI NABABA
Tax Controller

Official Stamp Impression

Name & Rank of Approving Officer

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)



ID: S7Y0NYF780007YO

93960450433

Surname: IMAM-OLUMOH

First Name: HAFSAT

Middle Name: KEMI

Gender: F

Address: NO 14 ALIMI CLOSE GRA

ILORIN
KW



National Identification Number (NIN) is your identity. It is confidential and may only be released for legal transactions.
Notified when your National Identity Card is ready (for any enquiries please contact)

@nimc.gov.ng

www.nimc.gov.ng

0700-CALL NIMC
(0700-2211-843)

National Identity Management Commission
11, Sokode Crescent, Off Dababe