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) [ ] NO

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: IBSKG NIGERIA LIMITED

2.2 Incorporation Number: 1420524 2.3 Address: BLOCK B7 SHOP 403 WUSE MARKET

Local Govt.: AMAC State: ABUJA FCT

2.4 Postal Address:

2.5 Tel. No. 1: 07056733838 Tel. No. 2:

2.7 Email: alaminali4474usa@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: 22 06 2017

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: USMAN Middle Name: ISHAQ

First Name: RABIU Position: MD | CEO

Tel. Number: 07056733838 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [✓] Specify ID. Number: A50205193

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

General Contract

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: [signature] Position: MD | CEO Date: 10/7/2023

Surname: Usman First name: Ishaq-R. Other Name (if any):

FEDERAL INLAND REVENUE SERVICE

FIRS

It pays to pay your taxes..

TAX CLEARANCE CERTIFICATE

TCC NO : 223189576049
TAX OFFICE : MSTO CENTRAL AREA
DATE : 2023-07-06

Name of Company : I B & K G NIGERIA LIMITED
RC No : 1420524
Date of Incorporation : 2017-06-22
TIN : 20499247-0001
FIRS ID : 1901110026049
Business Address : SUITE 65, LANGFIELD PLAZA, WUS

Business Status : Yet To Commence Business

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 0.00	NGN 0.00
Assessible Profit/Loss	NGN 0.00	NGN 0.00	NGN 0.00
Total Profit	NGN 0.00	NGN 0.00	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 : Wholesale on a fee or contract basis
Other Comments : APPROVED
This Certificate Expires on : 2023-12-31

IRO GARBA
Tax Controller

Official Stamp Impression

Name & Rank of Approving Officer

ECONOMIC COMMUNITY
OF WEST AFRICAN STATES

FEDERAL REPUBLIC OF
NIGERIA

PASSPORT

Passport / Passeport

ZAMBIA

26 SEP / SEPT 93

25 MAR / MARS 31

A6/3206153

900106806G6

FOT ABUJA

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 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
1	IBRAHIM	NAFISAT	JUMMAI	NYANYA		F								Zaira			NIN				30,000
2																					
3	USMAN	ISHAQ	RABI'U	ABJ	05/1/80	M	MARRIED							ZARIA			Valid ID				40,000
4																					
5	TAHIR	ABUBAKAR		ABJ	01/01/80	M	Married							Zaira			Valid ID				30,000
6																					
7	1% of ₦100,000 = ₦1,000 × 12 months = ₦12,000																				
8																					
9																					
10																					100,000

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

AUTHORISED SIGNATORY for

NAME OF OFFICER MR USMAN

POSITION MD/CEO