



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: **1B K9 NIGERIA LIMITED**
2.2 Incorporation Number: **1420524**
2.3 Address: **MARKET BLOCK**

2.4 Postal Address: **37 SHOP 403 WUSTE**
Local Govt.: **AMAC**
State: **ABUJA FCT**

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

2.7 Email: **alamnalliyunhsq@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: **RAFIU**
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 ☐ MDS ☐ 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: **USMAN**

Position: **MD/CEO**

Date: **10/7/2023**

Surname: **usman**

First Name: **Ishaq R.**



It pays to pay your taxes...

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



IB & K G NIGERIA LIMITED

1901110026049 :
20499247-0001 :
2017-06-22 :
1420524 :
SUTE 65, LANGFIELD PLAZA, WUS

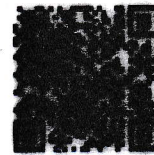
Yet To Commence Business

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	Assessment Year	Assessment Year
2020	2021	2022

Revenue	NGN 0.00	NGN 0.00	NGN 0.00
Assessable 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



Official Stamp Impression

IRO GARBA
Tax Controller

Name & Rank of Approving Officer



25 MAR / MARS 21
24 MAR / MARS 21
26 SEP / SEPT 83
ZARIA
90010680606

FCI ABUJA
90010680606
900082908

Passport / Passeport

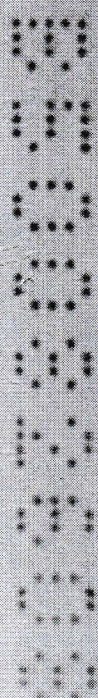
ECONOMIC COMMUNITY
OF WEST AFRICAN STATES
COMMISSION
DE L'AFRIQUE DE L'OUEST
COMMISSION
DA AMÉRICA DO LESTE

FEDERAL REPUBLIC OF
NIGERIA

MINISTRY OF EXTERNAL AFFAIRS
FEDERAL CAPITAL TERRITORY

PASSPORT

PASSEPORT
PASSEPORT





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	NATSAI	JUMMAI	N-TANTA		M								Zaria			NIN				30,000
2	USMAN	ISHAQ	RABIA	ABJ	05/11/50	M	Married							Zaria			INDEL ID				40,000
3	THATHA	ABUBAKAR	ABJ	01/01/50	M	Married								Zaria			INDEL ID				30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					

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 [Signature]
NAME OF OFFICER: MR USMAN

POSITION: MD/CEO

100,000