FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND

(Employees' Compensation) etc. Act, 2010

Registration of Employer

Section 5(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: INKWELL DYNAMIC CONCEPTS LTD.

1.2 Incorporation Number: 6921754 1.3 Address: Street Number: 40

Street Name: 2ND AVENUE ZONE C City: KURUNU EXTENSION

Local Govt: FCT State: ABUJA

1.4 Postal Address:

1.5 Tel Number: 08089374572. 1.6 Fax Number:

1.7 Email: oladapodamilare04@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: OLADAPO Middle Name: OLUWADAMILARE

First Name: PETER Position: DIRECTOR

Tel. Number: 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) Printing

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print ..... Position: Director Date: 18/10/2022

Surname Oladapo First Name: Peter Official Stamp (if any): .....

INKWELL DYNAMIC CONCEPTS LTD

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)

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
Omotayo	Asubiaro	W.	Maraba	20/04/1990	M		1	01/05/2023			Lagos		Ayobo	08165142016		National ID	FCT			45,000
Ejike	Aguaramgbo	Christian	Lugbe	17/6/1982	M	Married	2	01/05/2023		Operator	Imo	Oru		08165142016		NAT'L	FCT		2	45,000
Ogunbiyi	Idowu	O.	FCT		M		3	01/05/2023			Ondo		1960kada			NAT'L	FCT			45,000
																				135,000

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

BY Oly

NAME OF OFFICER Mercy Akinola

POSITION Admin Manager

PASSPO

REPUBLIQUE FEDERALE

NIGE

FEDERAL REPU

COMMUNAUTE ECONOM

DE L'AFRIQUE DE

COMUNIDADE ECONOMI

DA AFRICA DO

ECONOMIC CO

OF WEST AFRIC

ON OPPO