ECS.RE01

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: J & T MEDICAL AND GENERAL SERVICES (LTD)

1.2 Incorporation Number: RC184085 1.3 Address: Street Number: Flat 31

Street Name: G7 Street, Cifec City: Efab Metro, Jabi

Local Govt: AMAC State: FCT

1.4 Postal Address: Same as above

1.5 Tel Number: 08061677889 1.6 Fax Number:

1.7 Email: mrsbisibabatunde@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: Babatunde Middle Name: Joseph

First Name: Busola Position:

Tel. Number: 08061677889 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

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PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: Manager Date: 26/1/2015

Surname: Babatunde First Name: Busola Official Stamp (if any): .....

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29 Marks

October 2021 – December 2021.

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 37, 40 and 68 of the ECA 2010).

IT & T MEDICAL AND GENERAL SERVICES (T)

S/N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment 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 Dependants	Monthly Remuneration
1																							
2									2023														30,000
3									2023														80,000
4									2023														80,000
5																							
6																							

Authorized Signatory:..... Name of Officer:..... Position:.....