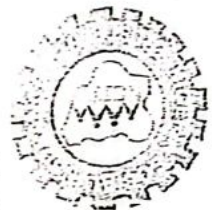


FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
 (Employees' Compensation Act, 2010)

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: **ST. JAMES MEDICAL AND DENTAL SERVICES (P) LTD**
 1.2 Incorporation Number: **RC1819818**
 Street Name: **C7 Street**
 Local Govt: **AMACU**
 1.4 Postal Address: **SMITH'S BANK**
 1.5 Tel Number: **0806677889**
 1.6 Fax Number: **0806677889**
 1.7 Email: **missbisibobajund@pdpdmasf.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 OWNERS OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: **Obafemi** First Name: **Joseph** Tel. Number: **0806677889**
 Middle Name: _____ Position: _____
 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): _____

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: _____ Position: _____ Date: _____
 First Name: **Joseph** Surname: **Obafemi**
 Official Stamp (if any): _____

25 Mark



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
EMPLOYER REGISTRATION ACT, 2010

IT & MEDICAL AND GENERAL SERVICES CD

October 2021 - December 2021

Employee N 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 Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependents	Monthly Remuneration
1	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado
2	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado
3	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado
4	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado
5	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado
6	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado	Barbado

Authorized Signatory:

Name of Officer: Position: