JOEFENY INTERNATIONAL SERVICES LTD

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 39, 40 and 65 of the ECA 2010).

SN	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	BLESSING	OLUWASEY	OMOLE		2/8/82	F	M					KOGI	OLOMABRO				INT'L PAS	BD1415266	AD				18,000
2	ENIOLA	IDOWU	JEDUN		3/6/81	F						KOGI	OLOMABRO				NIN	59865K534 105	AD				18,000
3	JOEL	ADEBOWALE	ADESANYA		5/4/80	M				Joefyinter@gmail.com		AKURE	IBADAN				NIN	26134013645	AB				18,000
4																							
5	SEPT 2016 — DEC 2019																						
6	1% of 54,000 = ₦540 × 40 months = ₦21,600																						
	1% of 90,000 = ₦54,000																						
	75600																						54,000

Authorized Signatory: ..... **Name of Officer:** BLESSING **Position:** MD

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Employer's Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

JOFENY INTERNATIONAL SERVICES LTD

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	OMOLE	BLESSING O.	2/8/82	✓		F	30,000		
2.	JEDUN	ENIOLA I	3/6/81	✓		m	30,000		
3.	ADESANYA	JOEL A.	5/4/80	✓		m	30,000		
	JAN 2020 — DEC 2024								
	1% of 90,000 = ₦900 X 60 months								
	=₦54,000								
						Sub/Grand Total:	90,000		

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official: BLESSING O. Position: MD Signature/Date: 19/2/24

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: JOEFENY INTERNATIONAL SERVICES LTD

1.2 Incorporation Number: RC1359952 1.3 Address: Street Number: BLOCK G2

Street Name: FLAT 13 federal ministry City: finance quarters

Local Govt: Wuye State: ABUJA

1.4 Postal Address:

1.5 Tel Number: 08055321693 1.6 Fax Number:

1.7 Email: joefyinter@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 Act? Yes [ ] No [ ]

PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: OMOLE Middle Name: OLUWASEYI

First Name: BLESSING Position: MD

Tel. Number: 08055321693 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [✓] Specify ID. Number: B01415266

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

GENERAL CONTRACTS

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: MD Date: 19/2/24

Surname Omole First Name: BLESSING Official Stamp (if any): .....