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																					
2	AGBO	ROSEMARY	CHIC		30/7/87	F	S		3/1/23		manager	Benue	Ogbadibo		0866824 7674						50,000
3	I	DOLCO	GEORGE		7/7/88	m	S		3/1/23		field officer	"	"		0803[illegible] 4701						30,000
4	AGBO	VICTORIA	OCHANYA		30/11/92	F	S		3/1/23		secret ary	"	"		0803 4793723						30,000
5																					
6																					
7																					
8																					
9																					
10																					

Accts

from January 2023 - December 2023

= 12 months

1yr = 90,000 × 12

= ₦10,800

₦90,000

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..... Agbo Rosemary

NAME OF OFFICER..... AGBO ROSEMARY

12/01/2023

POSITION..... MANAGER

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 [X] Informal Sector Employer [ ] Partnership [ ] Sole Proprietorship [ ]

Others (please specify) [ ].....

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: JPSEMPIREGLOBALCONCEPTLIMITED

2.2 Incorporation Number: 1925206 2.3 Address: PLOT 49

9 KARU VILLAGE EXTEN SIDM 11

Local Govt.: KARU State: ABUJA FCT

2.4 Postal Address: 900108

2.5 Tel. No. 1: 08068247674 Tel. No. 2: 08033493973

2.7 Email: rosemaryene2@gmail.com

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [X]. If "Yes", fill attached form (ECS RE01b)

2.9 Year of Establishment/Incorporation: 2022

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: AGBO Middle Name: ENE

First Name: ROSEMARY Position: MANAGER

Tel. Number: 08068247674 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number: 20000000067392146

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

CONSULTANCY AND TRAINING

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: MANAGING DIRECTOR Date: 12/JAN/2023

Surname: AGBO First name: ROSEMARY Official Stamp (if any):.....

FEDERAL REPUBLIC OF NIGERIA
INDEPENDENT NATIONAL ELECTORAL COMMISSION

VOTER'S CARD

CODE: 37-02-10-003

VIN: INC2 2000 0000 6739 246

A41135471

DELIM: FCT | BWARI
USUMA

AGBO, ROSEMARY ENE

DATE OF BIRTH
30-07-1989

GENDER
FEMALE

OCCUPATION
OTHER

ADDRESS
NYSC QUARTERS PW,KUBWA,ABUJA

ROSEMARY:INC2 2000 0000 6739 246
DATE OF REG.:NOV 22,2021
BATCH.: A/37-02-10-003/04 | SERIAL NO.: 41135471
ISSUED BY INEC PURSUANT TO SECTION 16 OF THE ELECTORAL ACT 2010