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) NOV. 2021 – DEC. 20

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 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
1	Modinat	Adeyinka	Olaitan		16/10/1985		Single					Osun	Isokan	Osun Town	08166593633				Kazeem Adeyinka		30,000
2	Hadiat	Adejare	Eniola		14/6/1985		Married					Delta		Asaba	08068442320				Gani Yakubu		30,000
3	Jonathan	Ochuoyo	Ikhie		26/6/97		Single					FCT		Bwari	09046719369				Janet Efe		30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					90,000

Nov 21 – Dec 23

900 X 26 months

23,400

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: Odu
Sign:
Date: 13/07/23

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.

Adeyinka O. M.

POSITION M.D

21600
1800 23400

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

Others (please specify) [ ]..

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: K4 ENGINEERING NIGERIA LIMITED

2.2 Incorporation Number:

2.3 Address: ZONE 10,NO 73, Alabi abe close eweta Ikirun

Local Govt.: ifelodun LG Ikirun   State: OSUN

2.4 Postal Address:

2.5 Tel. No. 1: 08166593655   Tel. No. 2: &&

2.7 Email: HDflargOldi416@gmail.com

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

2.9 Year of Establishment/Incorporation:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: ADEYINKA   Middle Name: OLAITAN

First Name: MODINAT   Position:

Tel. Number: 08166593655   Mode of Identification: National ID. [ ].

Driver's License [ ]   International Passport [ ]   Specify ID. Number: G264361038 8

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: [signature] .... Position: M.D .... Date: 13/07/2023

Surname: [signature] .... First name: ADEYINKA O.M .... Official Stamp (if any):........................

Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: X2YEREYVL00019M	**Surname:** ADEYINKA	**Address:** SALE AGUNJIN COMPOUND
NIN: 62643010388	**First Name:** MODINAT	
	Middle Name: OLAITAN	
	Gender: F	OFFA KW

ote: The ***National Identification Number (NIN) is your identity.*** It is confidential and may only be released for legitimate transactions.

ou will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Commission 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria