



NIGERIA SOCIAL INSURANCE TRUST FUND
[Employee's Compensation Act, 2010]
Employees' Schedule of Payments
(Section 40(1)(a) of the Act)

Employer's Name: KEKE KITCHEN LIMITED

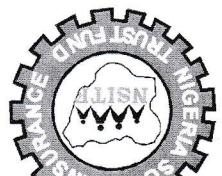
Employer's NSITF No:

EMPLOYEE																			MONTHLY EARNINGS	
S/N	SURNAME	FIRST NAME	MIDDLE NAME	GENDER (M/F)	EMPLOY EE ID NUMBER	EMPLOYEE DATE OF EMPLOYME NT	DATE OF BIRTH	STATE OF ORIGIN	LGA	TOWN	CONTACT PHONE NUMBER	ALTERNATE PHONE NUMBER	MEANS OF IDENTIFICATION (DRIVERS' LICENSE, INTL. PASSPORT, NATL. ID)	STATE OF ISSUANCE	ADDRESS OF EMPLOYEE	JOB TITLE	MARITAL STATUS	NUMBER OF PRIMARY DEPENDA NTS/ SPOUSE & CHILDREN	MAIRA	
1	ADENIYI-FATOBA	RONKE	FEYISAYO	F	001		2011	5/3/1974	ONDO	AKOKO NORTH-EAST	AKUNU AKOKO	08035907592	08057439996	DRIVERS' LICENSE	FCT	ABUJA	CEO	MARRIED	4	30,000.00
2	AFOLABI	COMFORT	OLUFUNKE	F	002		2020	21/05/1970	OGUN	ABEOKUTA	ABEOKUTA	8131375073		NATIONAL ID	FCT	WUSE 2	TEACHER	MARRIED	2	30,000.00
3	AKINLOYE	HANNAH	OLUSHOLA	F	003		2011	11/4/1963	OSUN	OBOKUN	ILESHA	08061515998		NATIONAL ID	FCT	WUSE 2	TUTOR	MARRIED	2	30,000.00

This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.
This should be completed any time payment is made.

Authorised Signatory: FAA

Name of officer: RONKE Position: CEO Date: 8/1/24



Mark 'X' as Appropriate

Public/Private Companies [] Informal Sector Employer [] Partnership []
Sole Proprietorship [] Others (please specify) []

fatonglober@gmail.com

(for MDAs, public and private companies):

1.1 Employer Name: **TELE KITCHEN LIMITED**

1.2 Incorporation Number: **RC.2022098**

1.3 Address: Street Number: **30**

City: **ABUJA** State: **FC**

Local Govt: **AMAC**

1.4 Postal Address:

1.5 Tel Number: **08035907592**

1.6 Fax Number:

1.7 Email: **fatonglober@gmail.com**

1.8 Does Employer operate in other locations? Yes [] No [X] 1.9 If yes give details:

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [] No [X]

1.11 Did business start prior to the Act? Yes [] No [X]

(for Partnership & Sole Proprietorship):

2.1 Surname: **ADENIYI-FATIBA**

First Name: **RONKE**

Tel. Number: **08035907592**

Mode of Identification: National I.D. [] or Drivers Licence [] or International Passport [] Specify ID. Number: **ABCO4797A597**

Position: **CEO**

MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify): **GENERAL COORDINATOR**

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐

I certify that the above particulars are correct

Signature or Thumb Print: **FAA**

First Name: **RONKE**

Surname: **ADENIYI-FATIBA**

Official Stamp (if any):

Date: **3/1/2024**

NO ABC04797AD97
CLASS 3
SS 21-06-2019
EXP 03-05-2024
ADENIYI FATOBA, RONKE FEYISAYO
NO 30 LINGU CRESCENT WUSE 2
ABUJA, FCT
SEX F HT 1.67M WT 135 ST LAG
BG O+ FMARKS N GL N REP 0 REN 1
END P
NOK 0706775837
DATE OF BIRTH 17-12-1985
HOLDERS
SIGNATURE
AUTHORISED
SIGNATURE