



NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

ECS.RE03

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

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LEMMFIEDS GLOBAL CONCEPTS NIGERIA LIMITED

Employee Information

Total Months

Employee Information					Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	
①	WATC	RASHIDI	14/9/89	✓		M	30,000:00
②	QIO	DADA	22/1/80	✓		M	30,000:00
③	DUPES	FALIH	29/4/84	✓		F	30,000:00
Jan 2023 - Dec 2023							
= 6 months 170 = 200 x 60							
= #54,000							
19/10/2023							
Sub/Grand Total:							90,000:00

This form should be completed for the period of the report.

Authorized Official: _____

Signature/Date: [Signature] 19/10/23

Special Agent in Charge: SP-2019 Position: Director Signature: [Signature]

KEMMATHAS GLOBAL CONCEPTS NIGERIA LIMITED



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

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 Dependents	Monthly Remuneration
WALE	AKSHAY	DAVID	12 ABUJA	19/11/1980	M	-	-	-	-	Team Lead	LAGOS	LAGOS	LAGOS	08181234567	-	-	-	-	-	-	-	18,000
WALE	AKSHAY	DAVID	12 ABUJA	19/11/1980	M	-	-	-	-	Team Lead	LAGOS	LAGOS	LAGOS	08181234567	-	-	-	-	-	-	-	18,000
WALE	AKSHAY	DAVID	12 ABUJA	19/11/1980	M	-	-	-	-	Team Lead	LAGOS	LAGOS	LAGOS	08181234567	-	-	-	-	-	-	-	18,000
WALE	AKSHAY	DAVID	12 ABUJA	19/11/1980	M	-	-	-	-	Team Lead	LAGOS	LAGOS	LAGOS	08181234567	-	-	-	-	-	-	-	18,000

July 2011 - Dec 2018

=> 90 months 190 = 540 x 90 = N48,600

NSITF KAGANI BRANCH
ACCOUNT UNIT
CHECKED
Name: Wale Akshay David
Sign: [Signature]
Date: 19/10/2023

N54,000

Authorized Signatory

Name of Officer: Wale Akshay David Position: MD



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: **KEMMFIELD'S GLOBAL CONCEPTS NIGERIA LIMITED**
1.2 Incorporation Number: **RC707417**
1.3 Address: Street Number: **1** City: **LAGOS** State: **LAGOS**
1.4 Postal Address: **Plot 903, Old Amolisa Street, Jabi**
1.5 Tel Number: **08037017412**
1.6 Fax Number: **07066666661@gmail.com**
1.7 Email: **07066666661@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 Did business start prior to the Act? Yes [] No []

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

2.1 Surname: **AGBOMI** First Name: **MUHAMMAD** Tel. Number: **08037017412**
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): **AGRICULTURE**

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: _____

Position: _____

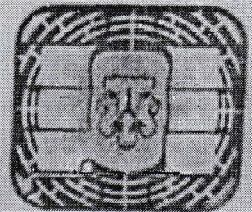
m. b

Date: _____

19/10/23

Surname: **AGBOMI** First Name: **MUHAMMAD** Official Stamp (if any): _____

FEDERAL REPUBLIC OF NIGERIA
National Identity Card



AGBONJINMI

OLUFEMI

OLADELE

06 OCT 72

10 SEP 17

NGA

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