**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).*

| S/N | Employee Information | | | | | | Total Monthly Emoluments | | Remarks |
|---|---|---|---|---|---|---|---|---|---|
| | Surname | Other names | Date of Birth | Old Staff? (Tick) | New Staff? (Tick) | Gender | N | K | |
| 1. | Okekeocha | Emmanuel | | | | M | 40,000 | | |
| 2 | Saka | Olugbenga | | | | M | 30,000 | | |
| 3 | Ejeh | Blessing | | | | F | 30,000 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Febuary 2023 - December 2023 | | | | | | | | |
| | 11months x 1000 | | | | | | | | |
| | ₦11,000 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | **Sub/Grand Total:** | 100,000 x 1% ⇒ 1000 | | |

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.

ECS.RE.01a

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

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

**PART 2: ORGANIZATION/EMPLOYER INFORMATION:**

2.1 Employer Name: KEOKEN TECHNOLOGIES LIMITED

2.2 Incorporation Number: RC6882181 2.3 Address: 1442

Off Plot 1008 Constitution Avenue CBD FCT

Local Govt.: State: ABUJA

2.4 Postal Address:

2.5 Tel. No. 1: 08170779E625 Tel. No. 2:

2.7 Email: helwan@keokentechinternational.org

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: OKEKEOCHA Middle Name: ONYEBUCHI

First Name: EMMANUEL Position: DIRECTOR

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

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

**PART 4: BUSINESS SECTOR CATEGORIES:**

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

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

GENERAL CONTRACTORS

**PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:**

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: Director Date: 24/2/2023

Surname: Okekeocha First name: Emmanuel Official Stamp (if any):.....

FEDERAL REPUBLIC OF NIGERIA
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HOLDER'S SIGNATURE

AUTHORISED SIGNATORY