FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

1% = 900 x 8 months = 7,200
May 2023 – DEC 2023

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

RUBEEDUE TECHNOLOGIES LTD

	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
SSAN		OLUWAJOBA																		30,000
OSUN		JOSHUA																		30,000
IM		IBUKUN																		30,000
																				90,000

SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

D SIGNATORY [signature] NAME OF OFFICER Hassan A POSITION HR

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) [ ] KUBEEDGE TECHNOLOGIES LTD

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name:

2.2 Incorporation Number: RC6943509 2.3 Address: 4

Rafiu Olatubosun Street

Local Govt.: Agbagada State: Lagos

2.4 Postal Address:

2.5 Tel. No. 1: 08072373696 Tel. No. 2:

2.7 Email: Kubeedgetech@yahoo.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: 25/04/2023

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: HASSAN Middle Name: OLUWAJOBA

First Name: Ayoola Position:

Tel. Number: 08072373696 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):....

Gen Contract

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: Position: Director Date: 5/5/23

Surname: Hassan First name: Ayoola Official Stamp (if any):

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

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