

(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 45 of the ECA 2010)

S/N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	Gender	Marital Status	Employee ID	Employment Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alter Phone	Means of Identity	Means of Identity Number	Means of Identity State	Next of Kin	Next of Kin Number	NO of Dependents	Monthly Remuneration
1	DNYEKHUKU	CHRISTOPHER	MBA	KAFIAME 1 MARE	MALE	SINGLE			CHRISTOPHER 2407@gmail.com		ENUGU	NKATHU	EASI	07068665700		NIN	73241265	488	MBA DKECHUKU	08602212	90	18,000
2	GLORE	CHINWENDU	MAKOLD	STATE GROUND GROUND	FEMALE	SINGLE			glorytutu 2407@gmail.com		IMO	UMUDIM	IKEDU	0704246678		NIN	89494324	313		08160673	019	18,000
3	ROBERT	CHINWAZA	EDITH	STATE GROUND GROUND	MALE	SINGLE			Dan'shan 988@gmail.com		ENUGU	NKATHU	EASI	07049086	43	NIN	17330085	131	EDITH JOHN	081005567	77	18,000
4																						
5																						
6																						

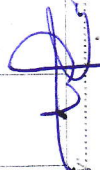
ACCT

JULY 2011 — DECEMBER 2019

54,000 X 1%
= 540 X 102 Months
= 55,080

54,000

NSITF KAGINI BRANCH
ACCOUNT UNIT
ACCREDITED
Name: CHINWAZA
Signature: (Signature)
Date: 12/12/2019

Authorized Signatory:  Name of Officer: MBA CHRISTOPHER O. Position: DIRECTOR

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: LABARANI GLOBAL SERVICES LTD

2.2 Incorporation Number: 690820
2.3 Address: FARM 9 JAL

2.4 Postal Address: PLAZA MAPUTO STREET
2.5 Tel. No. 1: 07068665700
2.6 Tel. No. 2: 07068665700

2.7 Email: CHRISOBYEKCHUKWY2@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: 2019

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: MBAT
First Name: ONYEKACHUKWY
Middle Name: CHRISOBYEKCHUKWY
Position: DIRECTOR
Mode of Identification: National ID []
Tel. Number: 07068665700
Specify ID Number: 07068665700

PART 4: BUSINESS SECTOR CATEGORIES:

Construction [] Mining [] Banking & Finance [] Manufacturing [] Aviation []
M&As [] Oil & Gas [] Agriculture [] Energy [] Telecom [] Others (please specify):

GENERAL COMMENT

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

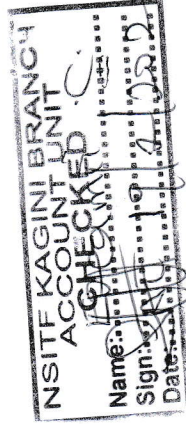
I certify that the above particulars are correct

Signature or Thumbprint:

Position: DIRECTOR

Date: 19/02/24

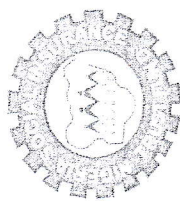
Surname: MBAT
First name: CHRISOBYEKCHUKWY
Official Stamp (if any):



ECS.RE03

JULY 2011 - DEC 2024
= 55,080 + 5400
= 109,080

FEDERAL REPUBLIC OF NIGERIA
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).

LABARANU GLOBAL SERVICES LTD

Employee Information							Total Monthly Emoluments			Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K		
1	MBA	CHRISTOPHER O.			✓	M			30,000	
2	MAKOLU	GLORY C.			✓	F			30,000	
3	EDEH	ROBERT C.			✓	M			30,000	
<u>Acct</u>										
JANUARY 2020 — DECEMBER										
= 90,000 X 1%										
= 900 X 60 months										
= <u>54,000</u>										
Sub/Grand Total:										<u>90,000</u>

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.

Authorized Official: MBA CHRISTOPHER O. Position: DIRECTOR Signature/Date: [Signature] 19/02/2024

[illegible]