November 2017 — Dec 2024

FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT 2010)
Employees' Schedule of Payments
(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 65 of the ECA 2010).

S N	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 Dependants	Monthly Ren
1	Yusuf		Muhammed	36 Cl[illegible] Street [illegible]		M	Married	001		Yusuf@[illegible].com	Inspection Officer				080[illegible]			FCT	NIN		080[illegible]		₦30
2	Onecha		Abogi	11 Umudu[illegible] Street [illegible]		M	married	002		Onecha[illegible]@[illegible].com	Supervisor				070[illegible]			FCT	NIN		08157[illegible]		₦30
3	Yerima		Adamu	11 Abdulkadir Street NYSC Camp		M	married	005		Yerima[illegible]@gmail.com	Manager				0705[illegible]			FCT	NIN		080[illegible]		₦30
4																							
5				November 2017 – Dec 2024 = 900 × 86 months = ₦77,400																			
6																							₦90 × 19

NSITF KAGINI BRANCH ACCOUNT UNIT CHECKED
Name: [illegible]
Sign: [illegible]
Date: 25/02/2024

Authorized Signatory:..... *Name of Officer:*..... *Position:*.....

ECS.RE01

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

Section 39(1)

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: LABEAUTE SUCCESS CONSTRUCTION LIMITED

1.2 Incorporation Number: 1451628 1.3 Address: Street Number:

Street Name: 13 Clifford Street Arab road City: FCT

Local Govt: AMAC State: Abuja

1.4 Postal Address: 13, clifford Street Abarb road Kubwa

1.5 Tel Number: 08038244911 1.6 Fax Number:

1.7 Email: [illegible]@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: Muhammed Middle Name:

First Name: Yusuf Position: CEO

Tel. Number: 08038244911 Mode of identification: National I.D. [ ] or Drivers Licence [✓] or

International Passport [ ] Specify ID. Number: 5298 2026 2874 0518

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

..... General Contractor .....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

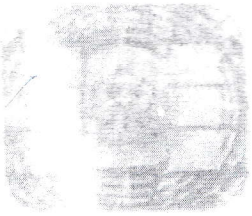
I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: CEO Date: 20/02/2024

Surname Muhammed First Name: Yusuf Official Stamp (if any): .....

FEDERAL REPUBLIC OF NIGERIA

National Identity Card



SURNAME
USMAN

FIRST NAMES
HASSAN

DATE OF BIRTH
15 OCT 62

ISSUE DATE
28 AUG 19

NATIONALITY
NGA

SEX
M

HEIGHT
173 cm

5298 2026 2874 0518

NIMC

NGA

EXPIRY
08/24

IDENTITY NUMBER
61521862 70