NIGERIA SOCIAL INSURANCE TRUST FUND

(Employees' Compensation Act, 2010)

Employees' Schedule of Payments

(Section 4(1)(b) of the Act)

Employer's Name: LATH COMPANY LIMITED

Employer's NSITF No:

S/N	EMPLOYEE SURNAME	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	GENDER (M/F)	EMPLOYEE ID NUMBER	EMPLOYEE DATE OF EMPLOYMENT	EMPLOYEE DATE OF BIRTH	EMPLOYEE STATE OF ORIGIN	EMPLOYEE LGA	EMPLOYEE TOWN	EMPLOYEE CONTACT PHONE NUMBER	EMPLOYEE ALTERNATE PHONE NUMBER	EMPLOYEE MEANS OF IDENTIFICATION (DRIVERS' LICENSE, INTL. PASSPORT, NATL. ID	EMPLOYEE STATE OF ISSUANCE	EMPLOYEE ADDRESS OF EMPLOYEE	EMPLOYEE JOB TITLE	EMPLOYEE MARITAL STATUS	EMPLOYEE NUMBER OF PRIMARY DEPENDANT(S) SPOUSE & CHILDREN)	TOTAL MONTHLY EARNINGS NAIRA	KOBO
1	ALIYU	ABDULAZIZ		M	01	01/01/2020	01/12/1991	KANO	Bichi	Bichi	8103737830		INTL PASSPORT	Abuja	Gombe	DIRECTOR	M	1	35000	
2	MATOUR	LADI		F	02	01/01/2020	05/01/1998	KANO	Bichi	Bichi	8084786767		INTL PASSPORT	Abuja	Gombe	MANAGER	M	1	30000	
3	MOHAMMED	NAHEED		M	03	01/01/2020	20/11/1993	KWARA	Offa	Offa	8020598892		NATIONAL ID	Abuja	Gombe	SECRETARY	S	NIL	30000	
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				
21																				
22																		SUB/GRAND TOTAL:	110,000.00	

This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.
This should be completed any time payment is made.

Authorised Signatory: _____

Name of officer: _____ Position: _____ Date: _____

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 [X] Informal Sector Employer [ ] Partnership [ ]
Sole Proprietorship [ ] Others (please specify) [ ]

PART 1: PARTICULARS OF BUSINESS (for MDAs, public and private companies):

1.1 Employer Name: LAITH COMPANY LIMITED

1.2 Incorporation Number: 1561712

1.3 Address: Street Number: NO 17

Street Name: TOURGGERT

City: ABUJA

Local Govt: AMAC

State: FCT

1.4 Postal Address:

1.5 Tel Number: 08103707839

1.6 Fax Number:

1.7 Email: laithcompany@gmail.com

1.8 Does Employer operate in other locations? Yes [ ] No [X]. 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 [X]

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

2.1 Surname: ALRACHID

Middle Name: ABDULAZIZ

First Name: MOAYAD

Position: DIRECTOR

Tel. Number: 08103707839

Mode of identification: National I.D. [ ] or Drivers Licence [ ] or International Passport [ ] Specify ID. Number:

PART 3: BUSINESS SECTOR CATEGORIES:

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

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: SECRETARY Date: 21/2/2022

Surname MOHAMMED First Name: SAHEED Official Stamp (if any): .....

LAITH COMPANY LIMITED
Sign
Date

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

S22BRQT9Q0000Y4	**Surname:** ALRACHID	**Address:** BF8, KATAMPE ESTATE PHASE 3
89648351787	**First Name:** ABDULAZIZ	
	Middle Name: MOAYAD	
	Gender: M	KATAMPE FC

lonal Identification Number (NIN) is your identity. It is confidential and may only be released for legitimat

d when your National Identity Card is ready (for any enquiries please contact)

nc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Co 11, Sokode Crescent, Off Dalaba Street, Zone 5 W