



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
EMPLOYEES' COMPENSATION ACT, 2010

Employees' Compensation Declaration is an offence and is punishable under section 39, 40 and 65 of the ECA 2010.
(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 65 of the ECA 2010).

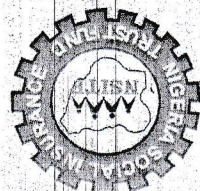
S	N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identity	Means of Identity Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependents	Monthly Remuneration
1		Emmanuel		Laguna	Black 15 room 15 Dec 2010	24/1/1971	M	Married	001	13/11/2022	freshidea@nigeria.com	MD	Lagos	Agege	Agege	08033712404	N/A	N/A	Attended	Michael	08033712404	2	30,000
2		Cheta		John	Black 15 room 15 Dec 2010	24/1/1971	M	Married	002	13/11/2022	freshidea@nigeria.com	Sec	Lagos	Agege	Agege	08033712404	N/A	N/A	Attended	Married	08033712404	1	30,000
3		Michael		Etiong	Black 15 room 15 Dec 2010	10/11/2000	M	Married	003	13/11/2022	freshidea@nigeria.com	N/A	Lagos	Agege	Agege	08033712404	N/A	N/A	Attended	Emmanuel	08033712404	3	30,000
4																							
5																							
6																							

NSITF
Name: Cheta
Sign: [Signature]
Date: 13/11/2022

Authorized Signatory: [Signature] Name of Officer: Utsu John Position: MD

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: **LAXACO OIL TRADING LTD**
1.2 Incorporation Number: **1996494**
1.3 Address: Street Number: **15** Street Name: **Block 15** Local Govt: **Agogo** State: **Agogo**
1.4 Postal Address: **Agogo**
1.5 Tel Number: **08033712404**
1.6 Fax Number: **08033712404**
1.7 Email: **freestylernetwork@yahoo.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: **Utu** First Name: **John** Tel. Number: **08033712404** International Passport [] Specify ID. Number: **08033712404**
Middle Name: **Utu** Position: **MD** Mode of identification: National I.D. [] or Drivers Licence [] or

PART 3: BUSINESS SECTOR CATEGORIES:

Construction [] Mining [] Banking & Finance [] Manufacturing [] Aviation []
MDAs [] Oil & Gas [] Agriculture [] Energy [] Telecom [] Others (please specify) **General Contract**

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: **[Signature]**

Position: **MD**

Date: **18/1/2024**

Surname: **Utu** First Name: **John** Official Stamp (if any):

[illegible]