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 Remuneration
1	Emma		Lakanu	Block 15 room 15 Dodan barrack	2/4/1991	M	Married	001	13/11/2022	freesylver2015@yahoo.com	MD	Lagos	Agege	Agege	08033712404	NA	NIN	NA	~~Attached~~	Michael	08033712404	2	30,000
2																							
2	Utsu		John	Block 15 room 15 Dodan	6/9/1980	M	Married	002	13/11/2022	freesylverjoy@yahoo.com	Sec	Lagos	Agege	Agege	08033712404	NA	NIN	NA		Married	08033712404	1	30,000
4 / 3	Michael		Effiong	N/A	10/11/2000	M	Married	003	13/11/2012	freesylverjoy2024@yahoo.com	NA	Lagos	Agege	Agege	08033712404	NA	NIN	NA		Emma	08033712404	3	30,000
5																							
6																							

Nov 2022 - Dec 2024
900 X 26 months
23,400

NSITF [illegible] BRANCH
A[illegible] UNIT
Name: Odili [illegible]
Sign: [signature]
Date: 5/10/24

Authorized Signatory: [signature] 22 Name of Officer: Utsu John Position: MD

ECS.RE01

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: LAXACO OIL TRADING LTD

1.2 Incorporation Number: 1996494 1.3 Address: Street Number:

Street Name: Block 15 room 15 Ibocan City: Agege

Local Govt: Agege State: Lagos

1.4 Postal Address:

1.5 Tel Number: 08033712404 1.6 Fax Number:

1.7 Email: freefywerroc@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: Utsu Middle Name:

First Name: John Position: MD

Tel. Number: 08033712404 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number:

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: ..... Position: MD Date: 18/1/2024

Surname Utsu First Name: John Official Stamp (if any): .....

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID:	Surname: UTOU	Address: BLOCK 15 ROOM 15 OGOJA BARRACK
NIN: 84378b60391	First Name: JOHN	
	Middle Name: UCHE	
	Gender: M	OGOJA BARRACKS

Note: The National Identification Number (NIN) is your identity. It is confidential and may only be released for legitimate transactions.

You will be notified when your National Identity Card is ready. For any enquiries please contact:

helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-6462)	National Identity Management Commission 11, Sokode Crescent, Off Ceddia Street, Zone 5 Wuse, Abuja Nigeria