LAYOMADEX NIGERIA LIMITED

SCHEDULE I

ECS.RE03

RC: 488445

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).

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1.	GBADAMOSI	NURUDEEN		✓		M	18000	=	
2.	SIKIRAT	KEHINDE A.		✓		M	18000	=	
3.	IDRIS	SURAT A.		✓		M	18000	=	
	July 2011 – Dec 2019								
	Jan 2020 – Dec 2024								
	18000 X 3 = 54000								
	54000 X 1.0% = 540								
	540 X 102 months = N 55080					Sub/Grand Total:			

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: Gbadamosi Position: Director Signature/Date: 7/6/2024

LAYOMADEX NIGERIA LIMITED

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

SCHEDULE 2

(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	Gbadamosi	Nurudeen			28/7/75	M	M					OYO	Surulere		08039631062								30,000
2	Sikirat	Kehinde Abdwazaq			29/3/91	M	M					OYO	Ogbomo Sho North		08106003453								30,000
3	Idris	Suraj Aminu			13/3/02	M	S					Zamfara	Gusau		08023651016								30,000
4																							
5																							
6																							

Jan 2020 – Dec 2024
₦30000 x 3 Staff = ₦90,000
₦90000 x 1% = ₦900
₦900 x 60 months
₦54,000

90000

Authorized Signatory:..... Name of Officer: Gbadamosi N. Position: Director

LAYOMADEX NIGERIA LIMITED

RC. 458444

ECS.RE.01a

FEDERAL REPUBLIC OF NIGERIA

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: LAYOMADEX NIGERIA LIMITED

2.2 Incorporation Number: 458445

2.3 Address: 304 SUITE D GARKI MALL GARKI II ABUJA

Local Govt.:

State:

2.4 Postal Address:

2.5 Tel. No. 1: 08039432676

Tel. No. 2: 08039432676

2.7 Email: abdulmuminisury@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: 2ND AUG 2002

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: GBADAMOSI

Middle Name:

First Name: NURUDEEN

Position: DIRECTOR

Tel. Number: 08039432676

Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number:

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

GENERA CONTRACTS

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

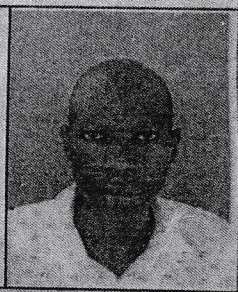
Signature or Thumbprint: ..... Position: Director Date: 7/6/2024

Surname: SURAJU First name: ABDULMUMINI Official Stamp (if any):.....

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: S7Y0O0ZLV0003K3	Surname: GBADAMOSI	Address: NO 30 M N OYAWOYE CLOSE	
NIN: 35339871849	First Name: NURUDEEN		
Issue Date: N/A	Middle Name:		
	Gender: M	LIFECAMP FC	

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 646)	National Identity Management Commission 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja