ECS (E01)

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: LIGHT-WAY PHARMACY AND STORES LTD

1.2 Incorporation Number: 7118040 1.3 Address: Street Number: NO 23

Street Name: ARAB ROAD City: LONDON KUBWA

Local Govt: ABUJA State: F.C.T

1.4 Postal Address:

1.5 Tel Number: 08069383383 1.6 Fax Number:

1.7 Email: Lightwaypharmacy94@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: ONUCHE Middle Name: JOEL

First Name: Position: MANAGER

Tel. Number: 08069383383 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):.....

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: MANAGER Date: 13/5/2024

Surname: ONUCHE First Name: JOEL Official Stamp (if any): .....

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

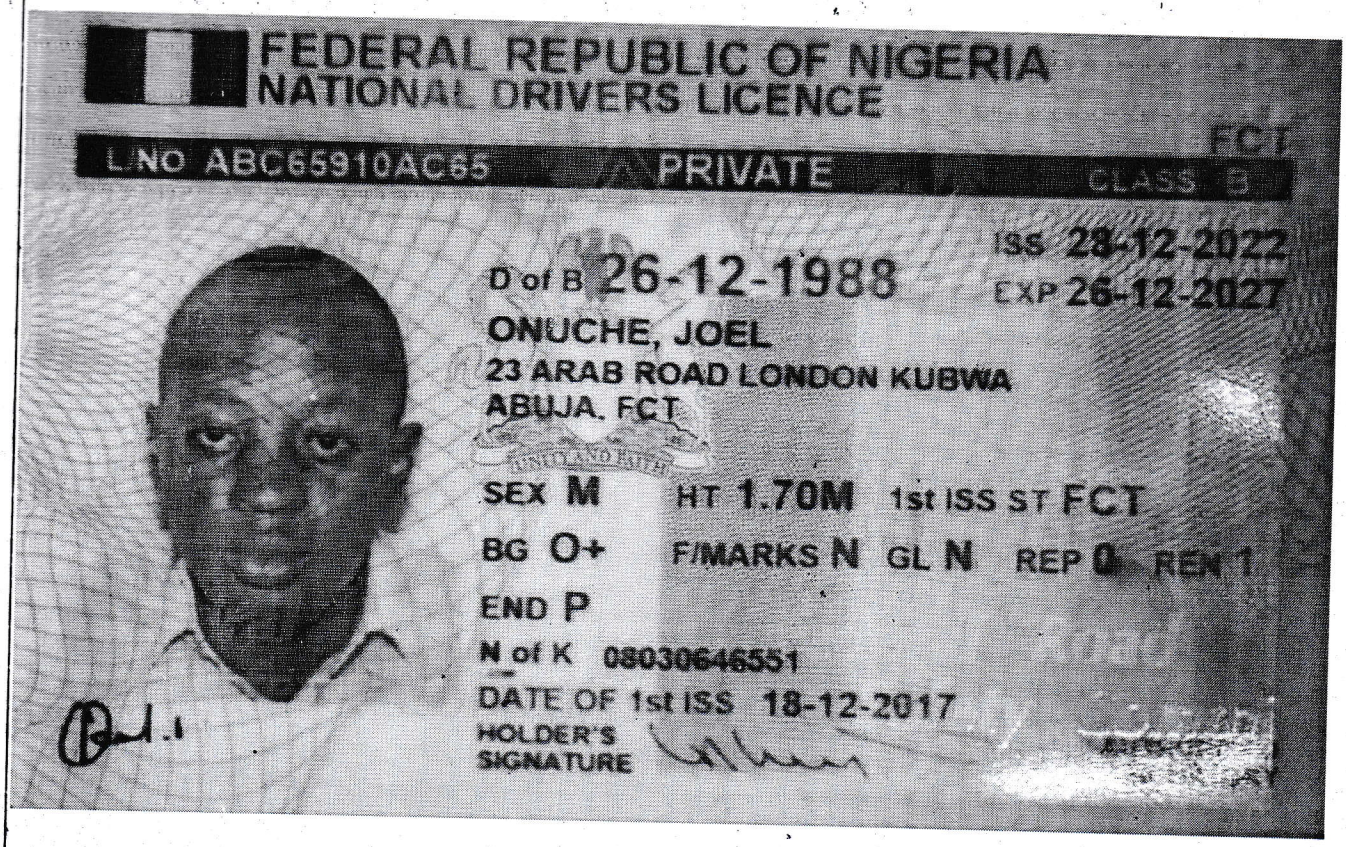
LIGHT-WAY PHARMACY AND STORES LTD

S/N	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TITLE	STATE OF ORIGIN	L.G.A	TOWN	CONTACT PHONE NO.	ALTERNATE NUMBER	MEANS OF IDENTITY	MEANS ID ISSUED STATE	NEXT OF KIN	NO. OF DEPENDANTS	SALARY, MONTHLY
1	Joel	O.	Onuche	No 23 Arab Road, Kubwa, Abuja		M	Married	01	12/08/24	lightway pharmacy@gmail.com	Manager	Kogi	Idah		08069388383		Drivers Licence	FCT			30,000
2	Onuche	J.	Peter			M	Married	02	18/10/23		Accountant	Benue	Oturkpo	Asa			NIN	FCT			30,000
3	Aubo	Iji	David			M	Single	03	25/10/23		Stores keeper	Benue	Oju	Oju town			NIN	FCT			30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					

THIS FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.

THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

POSITION ....


FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE
FCT
L.NO ABC65910AC65
PRIVATE
CLASS E
ISS 28-12-2022
D of B 26-12-1988
EXP 26-12-2027
ONUCHE, JOEL
23 ARAB ROAD LONDON KUBWA
ABUJA. FCT
SEX M
HT 1.70M
1st ISS ST FCT
BG O+
F/MARKS N
GL N
REP 0
REN 1
END P
N of K 08030646551
DATE OF 1st ISS 18-12-2017
HOLDER'S SIGNATURE