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)

LILA INDUSTRIES 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 TLTLE	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																					
2	Ibrahim	Mutari	/	Kaduna	2000	M	S	001	2023	/	SEC	Kogi	Omala	Kaduna	/		NIN	Kogi	/		30,000
3																					
4	Bawa	Salisu	/	Kaduna	1990	M	S	002	2023	/	Engineer	Kaduna	Kaduna South	Kaduna	/		NIN	Kogi	/		30,000
5																					
6																					
7	Abubakar	Shuaibu	/	Kaduna	1996	M	S	003	2023	/	Driver	Katsina	Kirfi	Kaduna	/		NIN	Katsina	/		30,000
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.

AUTHORISED SIGNATORY..... NAME OF OFFICER..... Ibrahim Mutari POSITION..... MD

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

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

1.1 Employer Name: LILA INDUSTRIES LTD.

1.2 Incorporation Number: RC 689419 · 1.3 Address: Street Number: 7

Street Name: Gamis Street City: Maitama

Local Govt: AMAC State: Abuja FCT

1.4 Postal Address: Same As Above

1.5 Tel Number: 08160787084 1.6 Fax Number:

1.7 Email: industrieslila@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: Ibrahim Middle Name:

First Name: Mutari Position: MD

Tel. Number: 08160787084 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 Contracting

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [signature] Position: MD Date: 1/8/23

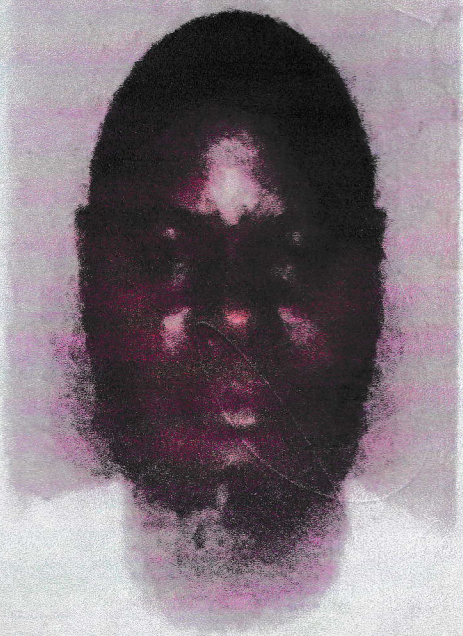
Surname: Ibrahim First Name: Mutari Official Stamp (if any): ....

Tel: + 234-9-2911810; + 234-9-2911811; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

OGUN STATE

L/NO IBD11038AA27 PRIVATE CLASS D



ISS 23-10-2018

D of B 01-10-1962 EXP 01-10-2023

ADEWALE, ABDULGANIYU
ODOGBOLU-IKENNE ROAD,ODOGBOLU TOWNSHIP
ODOGBOLU, OGUN

SEX M HT 1.69M 1st ISS ST OSU

BG UNK F/MARKS N GL N REP 0 REN 2

END P

N of K 08155125682

DATE OF 1st ISS 17-07-2009

G. Adewale

HOLDER'S SIGNATURE

AUTHORISED SIGNATORY