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: LORD DEJ NIGERIA LIMITED

1.2 Incorporation Number: 1904260 1.3 Address: Street Number: Suit 13c

Street Name: Emab Plaza, Wuse City: Abuja

Local Govt: Area 1 State: FCT

1.4 Postal Address:

1.5 Tel Number: 08031210171 1.6 Fax Number:

1.7 Email: loreddejnig@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: Okike Middle Name: Obeme

First Name: Divine Position: Supervisor

Tel. Number: 08031210171 Mode of identification: National I.D. [ ] or Drivers Licence [✓] or

International Passport [ ] Specify ID. Number: KJA69338AA11

## PART 3: BUSINESS SECTOR CATEGORIES:

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

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

G/contract

.....

## PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: Supervisor Date: 25/1/23

Surname Okike First Name: Divine Official Stamp (if any): .....

***NIGERIA SOCIAL INSURANCE TRUST FUND ECS RE 03***

(Employees' Compensation Act, 2010)

**Employees' Schedule of Payments**

(Section 40 (1)(a) of the Act)

Employer's Name...LORD DEJ NIGERIA LIMITED.....

Sector ...GENERAL CONTRACT.....

**Employer's NSITF NO**.....

## Employee

| S/No | Surname | First Name | Middle Name | Gender M/F | Employees ID No | Employee Date of Employment | Date of Birth | State of Origin | LGA | Town | Contact Phone No | Alternative phone No | Means of Identification (Drivers Liences,Int Passport, Nat ID) | State of Issuance | Adress of Employee | Job Tittle | Marital Status | Number of Primary Dependant (Spouse Children) | Total Monthly Earnings Naira | Kobo |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | ARIDEGBE | AYODEJI | AYOKUNNU | M | | | 01-01-94 | KOGI | IJUMU | | | | | | | ACCOUNTANT | MARRIED | | 30,000.00 | |
| 2 | AJUONUMA | MORENIKI | CASSANDRA | F | | | 25-01-91 | KOGI | IJUMU | | | | | | | I.T MANAGER | SINGLE | | 30,000.00 | |
| 3 | ARIDEGBE | OLUWAREMILEKUN | MARIE | F | | | 12-07-97 | KOGI | IJUMU | | | | | | | SECRETARY | MARRIED | | 30,000.00 | |
| 4 | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | SUB/GRAND TOTAL | | | 90,000.00 | |

This form should be duly completed and sumitted by the Employer immediately after registertion to reflect the estimate earning of the Employees.

This should be complected anytime payment is made.

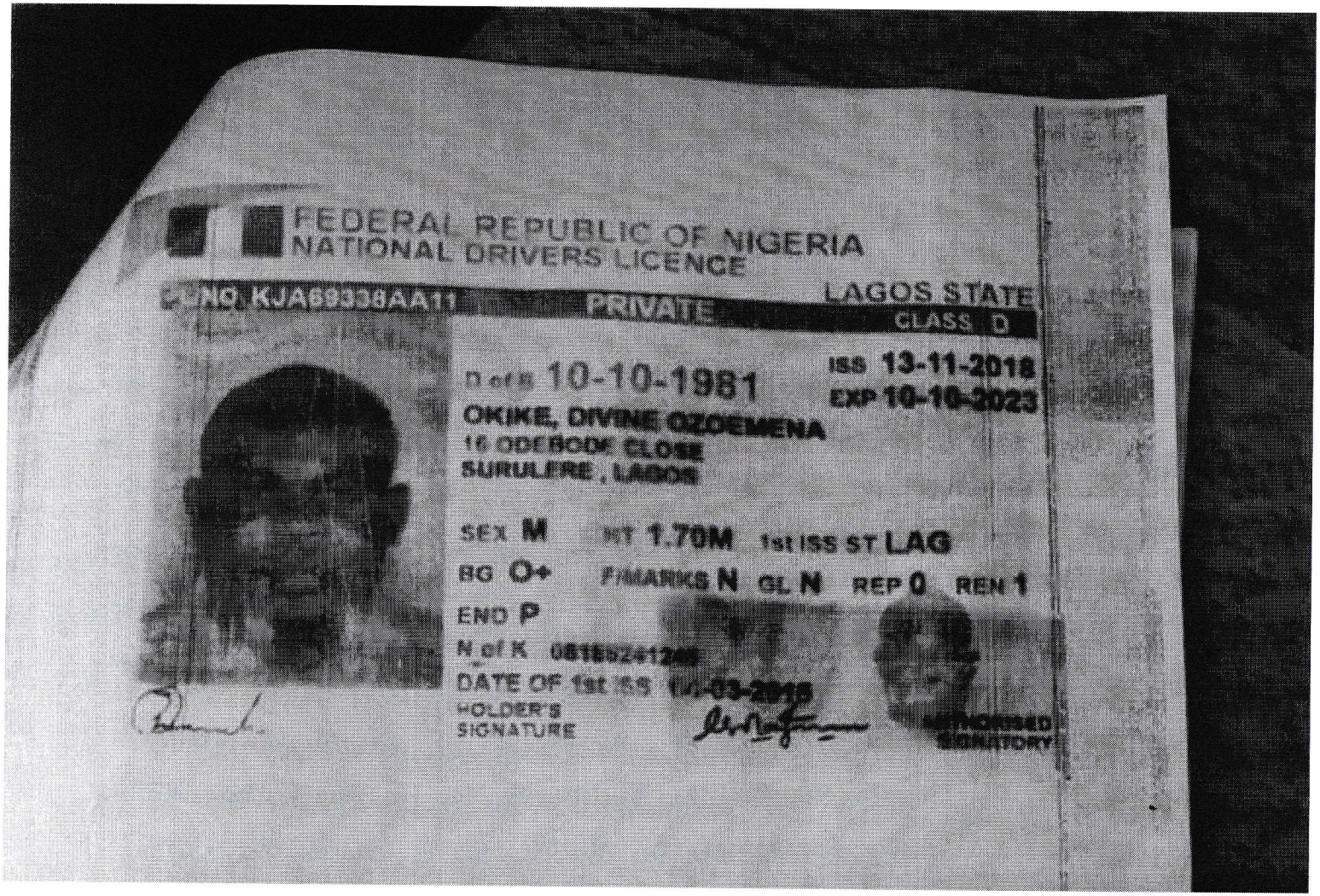
Authorised Signatory .....  .....  **Name of Officer** .....  **Position**.....  **Date**.....

Nov 2022 - Dec 2023

918 x 22 months

19,800

25/1/23


FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE
LAGOS STATE
PRIVATE
CLASS D
ISS 13-11-2018
EXP 10-10-2023
OKIKE, DIVINE OZOEMENA
16 ODEBODE CLOSE
SURULERE, LAGOS
SEX M
1.70M
1st ISS ST LAG
BG O+
GL N
REP 0
REN 1
END P
DATE OF 1st ISS
HOLDER'S SIGNATURE