July 11 — Dec 2019

ECS.RE03

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).

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
(1)	MUJINYAWA	YAHAYA	1/10/72			M	18,000	00	
(2)	YAHAYA	M YAHAYA	12/5/82			M	18,000	00	
(3)	ALI	M YAYAYA	4/6/85			M	18,000	00	
	July 11 — Dec 2019 54,000 x 1 = 540 540 x 102 months 55080 ACCT								
						Sub/Grand Total:	54,000		

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name:
Sign:
Date:

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: MUJINYAWA YAHAYA Position: DIRECTOR Signature/Date:

JAN 2020 — DEC 2023

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	~~Mijinyawa~~ AWA	~~YAHAYA~~	~~YAHAYA~~	suite 10 Naowa Shopping mall.	01/10/72	M	M	Nil	16/2/09	~~Mijinyawa~~ gdomiji@yahoo.com	Director	Plateau	Mangu	Mangu	0803627 8665	—	Nimc.	52958 20 0351 6037	1/6/17	Yahaya	—	3	30,000
2	YAHAYA	M	~~YAHA~~ -YA	✓	12/5/82	M	M	Nil	11/5/20	✓	Supervisor	Plateau	Mangu	Mangu	—	—	—	—	—	Mijin yawa	—	1	30,000
3	ALIYU	M	YAHAYA	✓	4/6/85	M	S	Nil	3/12/22	✓	Manager	Plateau	Mangu	Mangu	—	—	—	—	—	Sarah	—	—	30,000
4																							
5																							90,000
6																							

Jan 2020 — Dec 2023
~~90000~~ × 1% = 900
~~900.00~~
900 × 48 month
43,200
ACCT

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: [illegible]
Sign: [illegible]
Date: 28/11/2023

43200 + 55080
= 98280

Authorized Signatory: [signature] Name of Officer: ~~ACCT~~ MIJIN YAWA Position: DIRECTOR

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: M-ZEE HYDROSOLUTIONS LTD

1.2 Incorporation Number: RC 825983 1.3 Address: Street Number: S Unit 150

Street Name: Wuse shopping mall City: ASOKORO ABUJA

Local Govt: AMAC State: FCT

1.4 Postal Address:

1.5 Tel Number: 08036278665 1.6 Fax Number:

1.7 Email: geomiji@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: AHAIA Middle Name: MUJINIYAWA

First Name: Position: DIRECTOR

Tel. Number: 08036278665 Mode of identification: National I.D. [✓] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number: 52982021 0351 6037

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

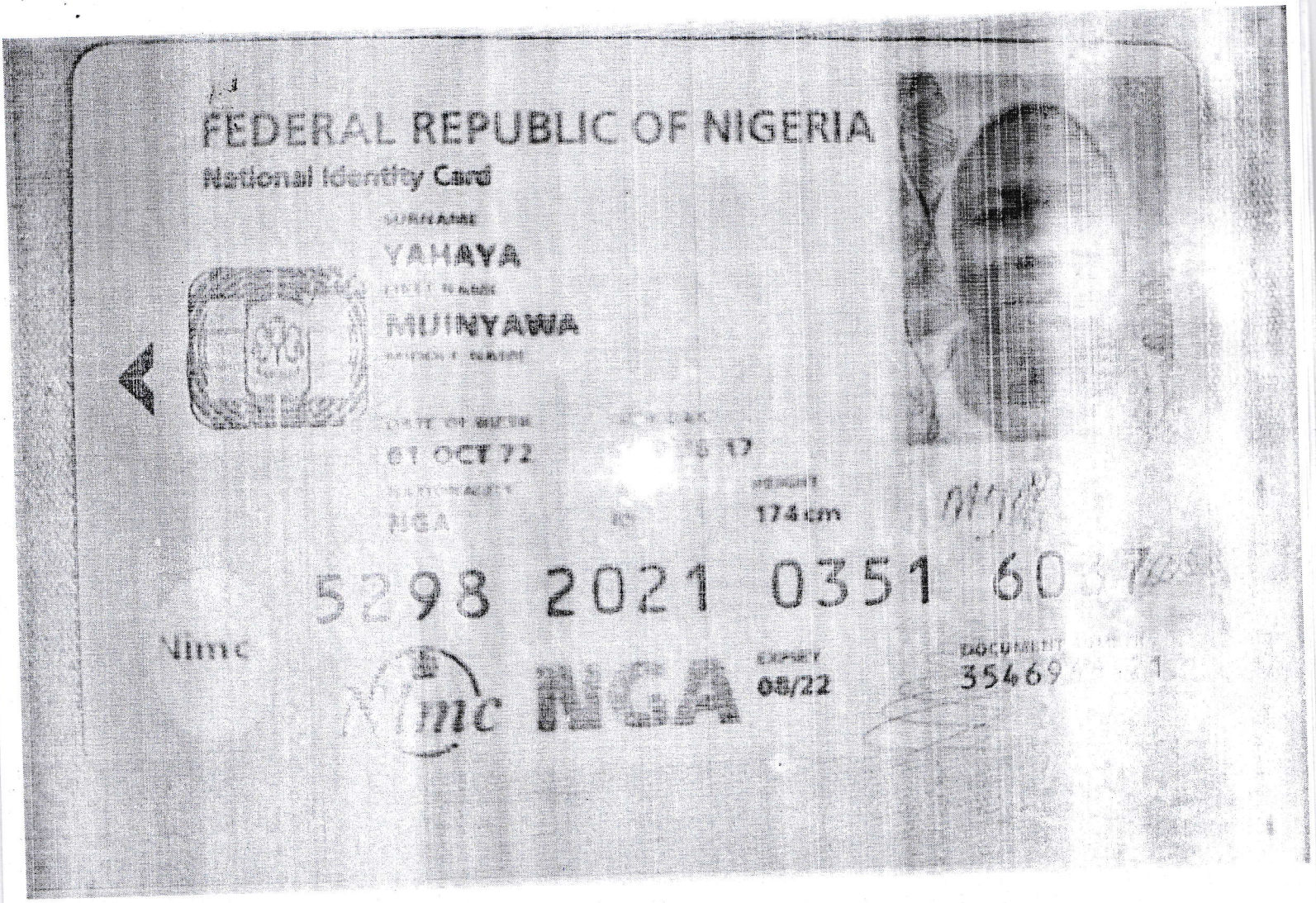
.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: DIRECTOR Date: 20/11/23

Surname AHAIA First Name: MUJINIYAWA Official Stamp (if any): .....


FEDERAL REPUBLIC OF NIGERIA
National Identity Card
YAHAYA
MUINYAWA
01 OCT 72
NGA
174 cm
5298 2021 0351 60
NIMC NGA
08/22
35469