

MABETARO ASSOCIATES NIGERIA LIMITED



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)

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
1	KENNETH	IRHO	ONOWU	No. 145, Orhuwhorun Road, Warri	7/17/1991	M	Single	001	12/1/2016	kenethonowu1122@gmail.com	Managing Director	Delta	Ethiopia East	Abiraka	0913 6090414	Nil	Int'l Passport	Abuja	Ejio Onowu
2	FAVOUR	AFUEVUGOGHENE	AKPAROBOR	No. 15, College, Aladja No. 7, Ojofodoni Street, Ekan, Delta State.	5/12/1994	F	Single	002	12/16/2016	favouarakp@arobore@gmail.com	Secretary	Delta	Udu	Gbaregor	0813 5176433	Nil	Voter's Card	Delta	Unity Akparobore
3	BEST	OGHENEKARO	AGBARAH		11/9/1985	M	Single	003	3/30/2013	agbarah01@gmail.com	Safety Officer	Delta	Isoko North	Emevor	0901 1351934	Nil	Nat'l ID 97475176	Delta	Agbarah Julius
4																			
5																			

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

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

POSITION

[Signature]

Shets
ONIM KENNETH

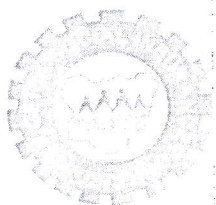
MS/CEO

January 2015 — December 2022

10/06/2022

1 = 96 months x \$900:00 = \$86,400:00

X12



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: **MABETARO ASSOCIATES NIGERIA LIMITED**

2.2 Incorporation Number: **RC1233974**

2.3 Address: **NO. 145**

ORHUNHORUN ROAD,

WARRI

Local Govt.: **WARRI**

State: **DELTA STATE**

2.4 Postal Address: **NO. 14, MODERMOTT ROAD, WARRI, DELTA**

2.5 Tel. No. 1: **07060968042**

Tel. No. 2: **08077664545**

2.7 Email: **mabetaroltd@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: **2015**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **ONOWU** Middle Name: **IRHO**

First Name: **KENNETH** Position: **MD/CEO**

Tel. Number: **09136090414** Mode of Identification: National ID. []

Driver's License [] International Passport [] Specify ID. Number: **A11216743**

PART 4: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐
 MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify):....

GENERAL CONTRACTOR

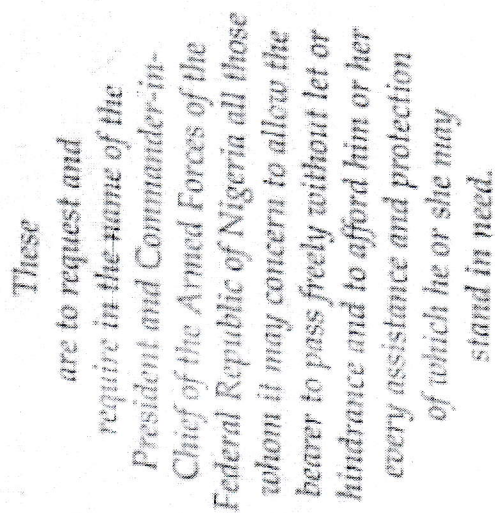
PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: **Kenneth** Position: **MD/CEO** Date: **10/06/2022**

09136090414

KENNETH



A 11216743

at

P<NGAONOWU<<IRHO<KENNETH<<<<<<<<<<<<<<<<<
A112167431NGA9107175M2505196<<<<<<<<<<<<<04