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) [ ] IDOKO JOHN.

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: MAGOKORO NIGERIA LIMITED

2.2 Incorporation Number: 1986606 2.3 Address: DEMBE

Local Govt.: OKATU LOCAL GONT State: KOGI STATE

2.4 Postal Address:

2.5 Tel. No. 1: 08137634022 Tel. No. 2: 08137634022

2.7 Email: MAGOKORO@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: 12/10/2022

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: IDOKO Middle Name:

First Name: JOHN Position: DIRECTOR

Tel. Number: 08137634022 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number: 43563204231

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:..... Position: DIRECTOR Date: 02/03/23

Surname: IDOKO First name: JOHN 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)

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	MICHEAL	O.	ABRAHAM	DEMBE	20/3/70	M	Married	NIN	12/10/22		G. Con	Kogi	Okatu	DEMBE			NIN		Mary	4	30,000
2	IDOKO	JOHN			14/5/75	M	✓	✓	✓		✓	✓	✓	✓						6	30,000
3	ODUFU	CLEMENT	D	DEMBE	4/4/80	M	✓	✓	✓		/						NIN			3	30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																				₦	90,000

Account 01/03/2023 Oct 2022 - December 2023

x 90,000 = 900 x 15 months = 900 x 15 months = 13,500

13,500

A.OP

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

[signature] ....

NAME OF OFFICER: Michael Abraham

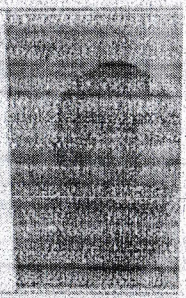
POSITION: Manager

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: S1E9HVG8C0O0MXO	Surname: MICHEAL	Address: NO 5 CHECHET AVENUE BEHIND ROYAL HOMES
NIN: 43563204231	First Name: ABRAHAM	
	Middle Name:	
	Gender: M	FANA GIDA



Note: The *National Identification Number (NIN) is your Identity.* It is confidential and may only be released for legitimate purposes.

You will be notified when your National Identity Card is ready. (for any enquiries please contact)

helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Commission