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: Mandatory Agro Tech Ltd
1.2 Incorporation Number:
1.3 Address: Street Number:
Street Name: Antse Ahegh
City: first gate
Local Govt: Zone 4
State: fct
1.4 Postal Address:
1.5 Tel Number: 08062572293
1.6 Fax Number:
1.7 Email: acdo19832@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: Abdullah
Middle Name: Musa
First Name: Usman
Position: MD
Tel. Number: 08062572293
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):.....
new : cont
.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: Usman Position: MD Date: 14/2/24

Surname Abdullah First Name: Musa Official Stamp (if any): .....

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

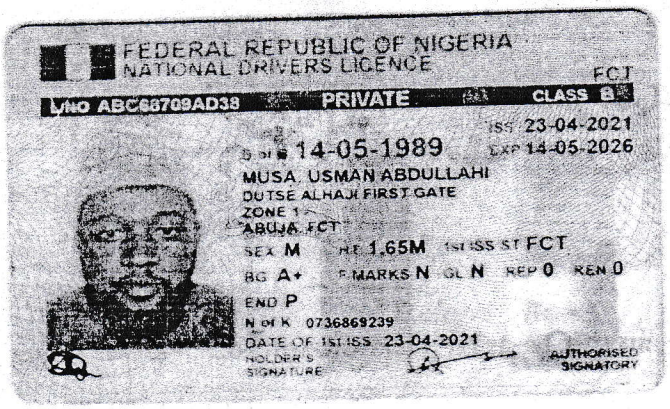
(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

Mandatory Agro Tech Ltd

S/N	Employee Information: Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	Total Monthly Emoluments: N	K	Remarks
	Abdullahi	Musa					30,000		
	Aisha	Usman					30,000		
	Usman	Abdullahi					30,000		
	Feb 2024 – Dec 2024								
	900 x 11 months								
					Sub/Grand Total:		90,000		

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:..... Position: HR Signature/Date: 14/2/24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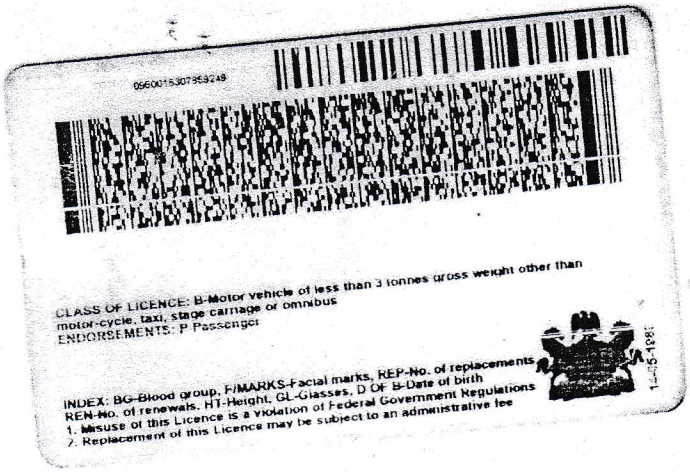
DATE OF 1ST ISS 23-04-2021
HOLDER'S SIGNATURE
AUTHORISED SIGNATORY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CLASS OF LICENCE: B-Motor vehicle of less than 3 tonnes gross weight other than motor-cycle, taxi, stage carriage or omnibus
ENDORSEMENTS: P Passenger

INDEX: BG-Blood group, F/MARKS-Facial marks, REP-No. of replacements REN-No. of renewals, HT-Height, GL-Glasses, D OF B-Date of birth
1. Misuse of this Licence is a violation of Federal Government Regulations
2. Replacement of this Licence may be subject to an administrative fee