



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)

Umar Ahmadu 016500.00

ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER THE PROVISIONS OF THE EMPLOYEES' PUNISHMENT ACT, 1960.																						
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	KLTH		ABUBAKAR	NURU SKE Barnack		M	Single					Barnack	STARS	Barnack	071 66622 781		NIN	Barnack				30000
2					15/01/1985							Barnack	STARS	Barnack	071 66622 781		NIN	Barnack				30000
3	SEAN		GABUS									Barnack	STARS	Barnack	071 66622 781		NIN	Barnack				30000
4												Barnack	STARS	Barnack	071 66622 781		NIN	Barnack				30000
5	UMSR	1st	AKIND									Barnack	STARS	Barnack	071 66622 781		NIN	Barnack				30000
6												Barnack	STARS	Barnack	071 66622 781		NIN	Barnack				30000
7												Barnack	STARS	Barnack	071 66622 781		NIN	Barnack				30000
8												Barnack	STARS	Barnack	071 66622 781		NIN	Barnack				30000
9												Barnack	STARS	Barnack	071 66622 781		NIN	Barnack				30000
10												Barnack	STARS	Barnack	071 66622 781		NIN	Barnack				30000

Jan 2021 — Dec 2023

= 900 x 26

= 27500

For NIN 9/1/2022

Jan 2021 - Dec 2023

= 900 x 26

= 23700

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.

Umsr 1st
Mensan
For 1st Jan 9/1/2022

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

Employer's Number

SN	SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	TOTAL MONTHLY EARNINGS		
								NAIRA (=N=)	KOBO (K)	
1	AKUBIKARA	ALI-ILY					M	18000		
2	Stacy	Quib					M	18000		
3	Umsu	Ahmed	Isa				M	18000		
Month 2017 — Dec 2017 5400 x 10 = 54000 + 27000 = 81000									81000	72000

This form should be submitted with every level and submitted by the employer immediately after registration to reflect the estimate of earnings of the employee.
 This form should be completed before payment is made.

Authorised Signature: Umsu Isa Ahmed
 Name of Officer: Umsu Ahmed
 Position: Manager

RECOMMENDED BY THE EMPLOYER TO RELIEVE THE EMPLOYEE OF A DUTY

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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: MANAMA FARMS & CONSTRUCTION COMPANY LTD

2.2 Incorporation Number: 041392571

2.3 Address: BAUCHI

Local Govt.: BAUCHI

State: BAUCHI STATE

2.4 Postal Address: BAUCHI

2.5 Tel. No. 1: 081 660 22781

Tel. No. 2: BAUCHI

2.7 Email: umamahmadharo@fshop.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: 2013

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Abubakar Middle Name: Y

First Name: Y Position: MANAGER

Tel. Number: 081 660 22781 Mode of Identification: National ID. ☒

Driver's License ☐ International Passport ☐ Specify ID. Number: 37800628876

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: [Signature] Position: Manager Date: 9/5/23

Surname: Abubakar First name: Y Official Stamp (if any):

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID	SYONVTCMSMOD011	Surname	ABUBAKAR	Address:	MURU QUARTERS
NIN	378006528878	First Name	ALIYU	State	BAUCHI
Issue Date	03/06/2013	Middle Name		Local Government Area	Bauchi
Gender	M				

Note: The transaction slip does not confer the right to the General Multipurpose Card (For any enquiry please contact)

www.ninrc.gov.ng

07040144452, 07040144453,

07040144454

National Identity Management

11, Sokoto Crescent, Off Daura Road,

