FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
EMPLOYEES' COMPENSATION ACT, 2010
Employees' Schedule of Payments

(Giving wrong information/declaration is an offence and is punishable under section 39, 40 and 41 of the ECA 2010)

MO ALLAH YIDI NIGERIA LIMITED

SN	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	Bello	Owolabi	Paul	No 32 FHA Lugbe FCT Abuja	8/2/1982	Male	Married	001	nil	[illegible]@gmail.com	Manager	Osun	Boluwaduro	[illegible]	[illegible]		National ID		FCT	[illegible]	[illegible]	2	30,000
2	Abdullahi	[illegible]	Tunde	Federal Housing Kubwa Abuja	12/12/1996	Male	Single	002	nil	Abdullahi[illegible]@gmail.com	Secretary	Kogi	Lokoja	Lokoja town	[illegible]		National ID		Kogi	[illegible]	[illegible]	1	30,000
3	Eze	Chibuzor	Nwosu	No 32 [illegible] Abuja	2/12/1998	Male	Single	003	nil	[illegible]@gmail.com	Accountant	Enugu	[illegible]	[illegible]	[illegible]		National ID		FCT	[illegible]	[illegible]	1	30,000
4																							
5																							
6																							

September 2023 — December 2024

₦ 90,000 - 900 x 16 month

₦ 14,400

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: [illegible]
Sign: [illegible]
Date: [illegible]

₦90,000

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: MO ALLAH YIDI NIGERIA LIMITED

1.2 Incorporation Number: RC 7140795 1.3 Address: Street Number: 52

Street Name: NO 52 Pencity Estate Ologogoro City: Fct

Local Govt: AMAC State: Abuja

1.4 Postal Address:

1.5 Tel Number: 09066429684 1.6 Fax Number:

1.7 Email: MOAllah102@gmail.com

1.8 Does Employer operate in other locations? Yes [ ] No [ ]. 1.9 If yes give details: .....

.....nil.....

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [ ] No [ ].

1.11 Act? Yes [ ] No [ ] nil

PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: ADAM Middle Name: AMMM

First Name: ZALIHA Position: Director

Tel. Number: 09066429684 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):.....

GENERAL CONTRACTS

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: Director Date: 28/02/2024

Surname Adam First Name: Ammm Official Stamp (if any): .....