



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: MONAWIN GLOBAL LIMITED
 1.2 Incorporation Number: RC1511266 1.3 Address: Street Number: 2
 Street Name: Zones Federal Housing Authority City: FCT
 Local Govt: AMAC State: ABIA
 1.4 Postal Address: _____
 1.5 Tel Number: 07031026032 1.6 Fax Number: _____
 1.7 Email: spc@godwin4life@gmail.com
 1.8 Does Employer operate in other locations? Yes [] No [X]
 1.9 If yes give details: _____
 1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [] No [X]
 1.11 Act? Yes [] No [X]

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

2.1 Surname: ABUH Middle Name: ENEMONA
 First Name: GODWIN Position: DIRECTOR
 Tel. Number: 07031026032 Mode of identification: National I.D. [] or Drivers Licence [] or
 International Passport [X] Specify ID. Number: B50012544

PART 3: BUSINESS SECTOR CATEGORIES:

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

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [Signature] Position: Director Date: 24/03/2002
 Surname: Abuh First Name: Godwin Official Stamp (if any): _____

