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 [X] Others (please specify) [ ]

PART 1: PARTICULARS OF BUSINESS (for MDAs, public and private companies):

1.1 Employer Name: MRT ENERGY NIGERIA LIMITED

1.2 Incorporation Number: RC1101363 1.3 Address: Street Number: No 1

Street Name: PASTOR ESSIAH City: PORT HARCOURT

Local Govt: OBIO AKPOR State: RIVER

1.4 Postal Address:

1.5 Tel Number: 08034181827 1.6 Fax Number:

1.7 Email: Uessiah@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 [ ].

1.11 Act? Yes [ ] No [X]

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

2.1 Surname: ESSIAH Middle Name: ASUQUO

First Name: ITAH Position: DIRECTOR

Tel. Number: 07012558820 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number: PHC53111SAA02

PART 3: BUSINESS SECTOR CATEGORIES:

Construction [X] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify):.....

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: Director Date: 7/03/2022

Surname ESSIAH First Name: ITAH 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 TLTLE	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	ITAH	ASUQUO	ESSIAH	1 PASTOR ESSIAH ck	13/11/68	MALE	Married	0001	[illegible]	[illegible]	CEO	CRS	Odukpani	Ekpene Eci	08034188827	/	Drivers Licence				
2	Imaobong	ITAH	ESSIAH	D	2/5/73	Female	married	0002	4/12/2005	Beulah@gmail.com	Acctant Asst	AKWA IBOM	Ikot Abasi	Ibe kwe	08034134646	/	D				
3	NSIKAK	EDET	ASUQUO	[illegible]	21/1/86	male	married	0003	Feb 2016	"	Logistic Mgr	Akwa Ibom	ITU	Ekitiam	08027215020						
4	NSISONG	ITAH	ASUQUO	1 Pastor Essiah Close	31/5/88	M	Single	0004	7/2/2016		Admin Mgr	"	"	Ekrita	08067334507						
5	Vivian	Cobianye	JOHN	✓	12/4/97	F	"	0005	4/4/2021		Sec.	ABIA	Umuahia	Ezere	08124732423						
6																					
7																					
8																					
9																					
10																					

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.

AUTHORISED SIGNATORY: [signature] NAME OF OFFICER: ITAH ESSIAH POSITION: Director