FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENTFOR AKAH-BU-UDO FARMS LIMITED

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

MUDISANI & ASSOCIATES NIG LTD

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	Edino	Patience	Fitumi	Suites 19 [illegible] Lokoja	18/2/93	F	Single	001	22/4/22	[illegible]@gmail.com	Admin	Kogi	Kogi Lokoja	Lokoja	070 57458 672	–	Nat ID	Kogi	–	/	30000
2	Sani	Solomon	Fawowu	[illegible] solomonfawow2016@gmail.com	28/5/96	M	Single	002	22/4/22		Accounts	Kogi	Kogi Lokoja	Lokoja		–	Nat ID	Kogi	–		30000
3	Mudi	Muhammed	[illegible]	✓	19/3/95	M	Single	003	22/4/22	mudimudi1853@gmail.com	Admin	Kogi	Lokoja	Lokoja	0905021 8535	–	Nat ID	Kogi	–		30000
4																					
5																					
6																					
7																					
8																					
9																					
10																					90000

April 2022 – Dec 2022

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: Sani Solomon Fawowu POSITION: Accountant

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: MUDISANI & ASSOCIATES NIG LTD

1.2 Incorporation Number: 1921854 1.3 Address: Street Number: SUITE 5

Street Name: SOFAME PLAZA City: OPP. PAY BACKER BY

Local Govt: DIVISION JUNCTION State: LOKOJA KOGI STATE

1.4 Postal Address:

1.5 Tel Number: 08185515547 1.6 Fax Number:

1.7 Email: JOSSYWAY99@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 Act? Yes [ ] No [ ]

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

2.1 Surname: MUDI Middle Name:

First Name: JOSEPH Position: MANAGING DIRECTOR

Tel. Number: 08185515547 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number: LHJ170133AA13

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

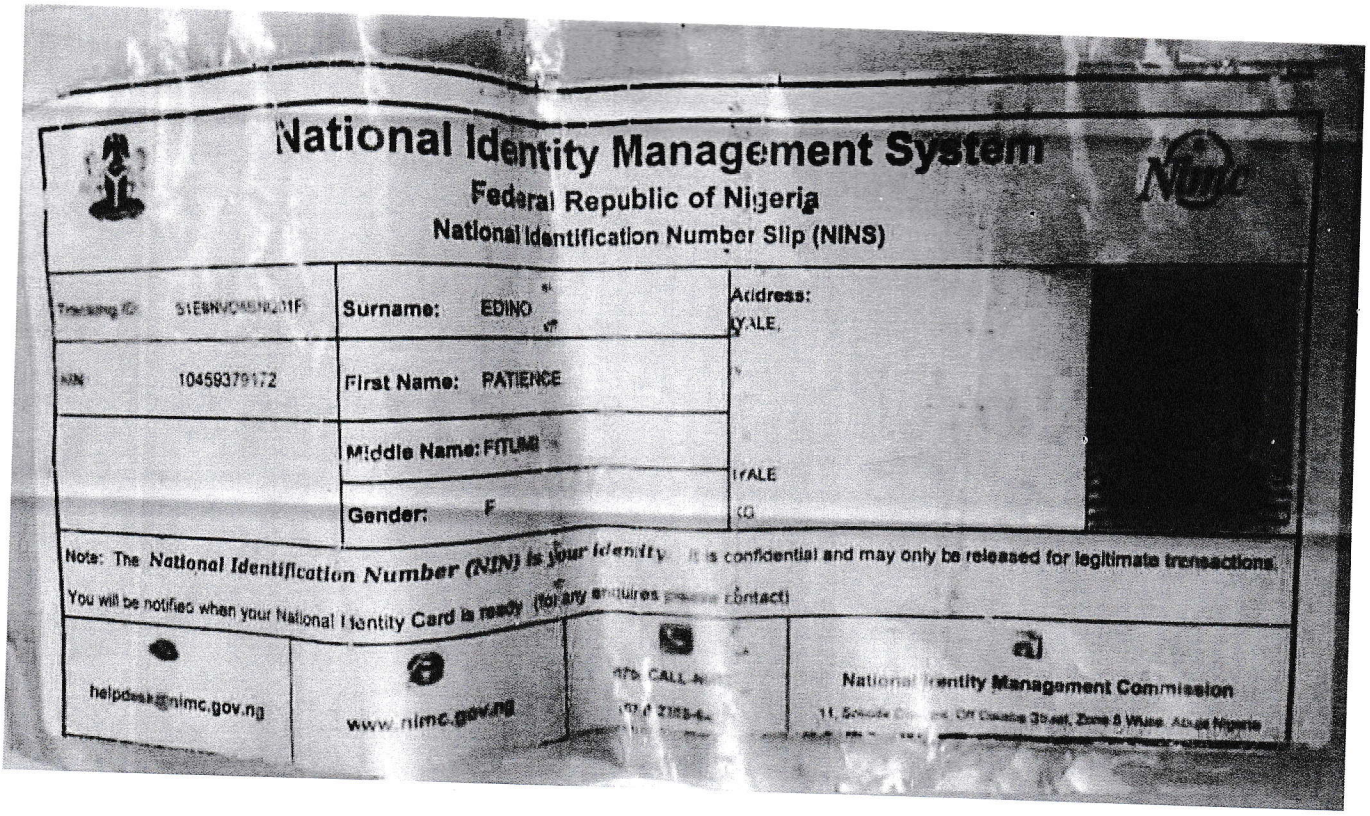
GENERAL CONTRACTOR

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: Mudi Position: Managing Director Date: 25/4/2022

Surname Mudi First Name: JOSEPH Official Stamp (if any): .....



National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: S1E8NVC[illegible]01F	Surname: EDINO	Address: YALE,
NIN: 10459379172	First Name: PATIENCE	
	Middle Name: FITUMI	
	Gender: F	FEMALE

Note: The *National Identification Number (NIN) is your identity*. It is confidential and may only be released for legitimate transactions.

You will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng

www.nimc.gov.ng

0700 CALL NIMC

National Identity Management Commission

11, Sokode Crescent, Off Ossama Street, Zone 5 Wuse, Abuja Nigeria