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:
1.2 Incorporation Number:
1.3 Address: Street Number:
Street Name:
Local Govt:
City:
State:
1.4 Postal Address:
1.5 Tel Number:
1.6 Fax Number:
1.7 Email:
1.8 Does Employer operate in other locations? Yes [ ] No [ ]. 1.9 If yes give details: .....

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

1.11 Did business start prior to the Act? Yes [ ] No [ ]

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

2.1 Surname:
Middle Name:
First Name:
Position:
Tel. Number:
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): .....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: ..... Date: .....

Surname ..... First Name: ..... 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)

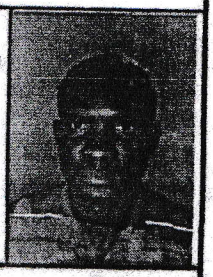
S/N	EMPLOYEE FIRST NAME	SS	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TITLE	STATE OF ORIGIN	L.G.A	TOWN	CONTACT PHONE NO.	ALTERNATE NUMBER	MEANS OF IDENTITY	MEANS ID ISSUED STATE	NEXT OF KIN	NO. OF DEPENDANTS	SALARY, MONTHLY
1	Sunday		Bolaji																		
2																					
3	Paul		Ajani																		
4																					
5	Lawrence		Tijani																		
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

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: 6DWV6DW7Y00005T	Surname: AHMED	Address: BESIDE UKP STANDARD SCHOOL BYHAZIN ACROSS	
NIN: 38616871146	First Name: USMAN		
	Middle Name: TEMITOPE	KUBWA	
	Gender: M	FCT Abuja	

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 (0700-2265-646)	National Identity Management Commission, 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria