



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

(Any wrong information/declaration is an offence and is punishable under section 35, 40 and 43 of the FICA 2010.)

NAPEI TELECOMMUNICATIONS LIMITED

S/N	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 State	Next of Kin	Next of Kin Number	NO of Dependents	Monthly Remuneration
1	Imen	Imenwa	WAYA	maichu	19/8/72	male	married	001			Director	Borno	maichu	Borno	07030084044		National ID		FCI	Imen	1	4	18,100
2	Jamilu	JALO	BORON	Borno	20/1/90	male	married	002			Accounts	Borno	maichu	Borno	07030084044		National ID		FCI	AG-44	1	4	18,100
3	YATTA	ALIYU		Borno	1/7/76	male	married	003			Secretary	Borno	maichu	Borno	07030084044		National ID		FCI	Jamilu	1	3	14,100

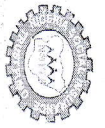
July 2011 - Dec 2015 = 102 months

54,000 x 102 months = 55080

1% x 102 months = 55080

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: [Signature]
Sign: [Signature]
Date: 01/03/2014

Authorized Signatory: [Signature]
Name of Officer: Imenwa
Position: Director



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)
Employee's Statement/Declaration (Any wrong information/declaration is an offence and is punishable under section 39, 40 and 55 of the ECA 2010)

NA PET 122 COMMUNICATIONS LIMITED

S N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee nt 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 State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Re
1	Man	Inowa	LUAYA	maidegi	9/8/78	male	married	001			Director	Borno	maidegi	Borno	0703008 4044	0703008 4044	national I.D		fcI	Inwa	1	4	300
2	Jamilu	JALU	BAJOGA	12 miss p. m. m. s.	20/2/72	male	married	002			Accountant	Borno	maidegi	Borno	0703008 4044	0703008 4044	national I.D		fcI	Atay	1	4	300
3	YAHYA-JA	ALUYA		maidegi Atay	11/7/79	male	married	003			Secretary	Borno	maidegi	Borno	0703008 4044	0703008 4044	national I.D		fcI	Jamilu	1	3	300

Jan 2020 - Dec 2024 = 60 months

90000 1% = 900 X 60 months = 54000

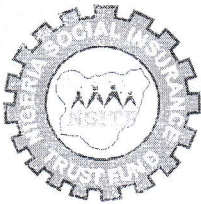
1% X 60 months = 54,000

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name:
Sign:
Date:
15/10/2024

Authorized Signatory:
Date:
15/10/2024

Name of Officer:
Date:
15/10/2024

Position:
Date:
15/10/2024



FEDERAL REPUBLIC OF NIGERIA

ECS-RE01

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: NAPETELTELECOMMUNICATIONS LIMITED

1.2 Incorporation Number: RC150390556 1.3 Address: Street Number: 25

Street Name: MISSISSIPPI STREET City: MAITAMA ABUJA

Local Govt: AMAC State: FCT

1.4 Postal Address: 25 MISSISSIPPI STREET MAITAMA ABUJA

1.5 Tel Number: 09030084008 1.6 Fax Number: 07030084008

1.7 Email: motouline@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 Did business start prior to the Act? Yes [] No []

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

2.1 Surname: Iman Middle Name: WAT

First Name: IMAN Position: DIRECTOR

Tel. Number: 07030084008 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 [x] Others (please specify): _____

PART 4: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature, or Thumb Print: [Signature] Position: DIRECTOR Date: 13/3/2021

Surname: Iman First Name: WAT Official Stamp (if any): _____

FEDERAL REPUBLIC OF NIGERIA
DIGITAL NIN SLIP



SURNAME/NOM

AVIDIME

GIVEN NAMES/PRENOMS

EZIKIEL ABIODUN

DATE OF BIRTH

09 JUN 1988

SEX/SEXE

M



NGA

ISSUE DATE

05 FEB 2024

National Identification Number (NIN)

8747 439 2257

CAUTION!

verification result.

The details on the front of this NIN Slip must EXACTLY match the
using a Government-APPROVED verification resource.

Kindly ensure each time this ID is presented, that you verify the credentials

Trust, but verify

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