



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
EMPLOYEES' COMPENSATION ACT, 2010
(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 65 of the ECA 2010).

ADDITIONAL GLOBAL SERVICES LIMITED

S	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee Init 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 Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration	
1	Alubajin		Emmanuel	Alubajin	17/02/92	Male	Married	001	Jan 2020		Director	Lagos	Lagos	Lagos	08068993912		012	1	ALUBAJIN	ALUBAJIN	1	2	₦20,000	
2	Desmond		Emmanuel	Alubajin	13/02/82	Male	Married	002	Jan 2020		Director	Lagos	Lagos	Lagos	08055093621		012	1	ALUBAJIN	ALUBAJIN	1	2	₦20,000	
3	Jennifer		Olga	Alubajin	23/10/88	Female	Married	003	Jan 2020		Director	Lagos	Lagos	Lagos	08102893902		012	1	ALUBAJIN	ALUBAJIN	1	2	₦20,000	
4	Jan 2020 - Dec 2024 ₦900 x 60 months = ₦54,000																						/	
5	August 2014 - Dec 19 + Jan 2020 - Dec 2024 ₦35,100 ₦27,260 + ₦54,000																							
6	₦91,260																							
TOTAL																							/	
August 2014 - Dec 19 + Jan 2020 - Dec 2024																								
₦91,260																								
₦89,100																								
₦90,000																								
₦10,000																								
₦900																								

NSITF KAGANI BRANCH
ACCOUNT UNIT
CHECKED
Name: U. O. O.
Sign: [Signature]
Date: 15.12.2024

₦89,100

Authorized Signatory: [Signature] Name of Officer: ABUBAKAR ABUBAKAR Position: MD

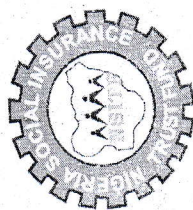
₦89,100

NSITF KAGANI BRANCH
ACCOUNT UNIT
CHECKED
Name: NSITF KAGANI BRANCH
Sign: [Signature]
Date: 15/11/2024

Authorized Signatory: [Signature]

Name of Officer: ABUBAKAR ABUBAKAR

Position: MD



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

WOTTEN GLOBAL SERVICES LIMITED

Employee Information							Total Monthly Emoluments		Remarks	
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K		
1	ABUBATAX	ABUBATAX	17/3/87		✓	M	18,000	00		
2	nowachukwu	Desmond	13/02/82		✓	M	18,000	00		
3	olaLeye	Jennifer A.	22/10/88		✓	F	18,000	00		
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This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official: **ABUBATAX ABUBATAX** Position: **MD** Signature/Date: **26/06/2024**



National Identity Management System



Federal Republic of Nigeria
National Identification Number Slip (NINS)

Tracking ID: S7Y0NYFAE000QTJ	Surname: ABUBAKAR	Address: 54 HARUNA KASSIM STREET TUDUN WADA RINGIM	
NIN: 92778876325	First Name: ABUBAKAR		
	Middle Name: KABIR		
	Gender: M	RINGIM JG	

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
(0700-2255-646)


National Identity Management Commission
11, Sokode Crescent, Off Delaba Street, Zone 5 Wuse, Abuja Nigeria