HELL HEROES PROPERTIES DEVELOPMENT CO LTD

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

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

Jan 22 - Dec 2

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

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	DALL ANDU	ANDU	24/01/1977			M			30,000
2	Abdul	Audu	11/2/95			M			30,000
3	HAKEEB Salau	Muniratu	1/9/89			M			30,000
						Sub/Grand Total:			90,000

₦10
₦86
₦96,

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:..... Position:..... Signature/Date:.....

1% x ₦90,000 = ₦900 x 12 months = ₦10,800

HEAL LAGROS PROPERTIES DEVELOPMENT COMPANY LTD

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

Nov. 2013 — Dec. 20

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 68 OF THE ECA 2010)

S/N	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARITAL 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	DAN	AUDU		Plot 4 [illegible]	24/10/77	M	Married		~~2015~~		Director	[illegible]	[illegible]	[illegible] Jesu	0803 [illegible]		Staff ID		Amaka [illegible] Funke	2	[illegible]
2	ABEN	Audu		Dutse Abuja	1/12/99	m	S		2019		Office Asst	Niger State	PAIKO	Chukuba	08039 55 4011		staff ID Card		[illegible]	N	[illegible]
3	WAKILI SAIDU	MUNKAILA		Dutse Abuja	1/9/84	M	Married		2021		Office Assit	Plateau State	Kanam	Gyo ro	09160 05391 55		1 Card staff		[illegible]	1	
4	Ibrahim	Zakari		Sec. Buggi Abuja		M	Married		2019		Admin Staff	Niger [illegible] State	Aza ro	Aza ro	08034 3977[illegible]		1 Card staff			1	
5																					
6																					
7																					
8																					
9																					
10																					

1% x ₦100,000 = ₦1000 x 86 months = ₦86,000

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.....

NAME OF OFFICER Dan Audu

POSITION Director

15/

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:

1.2 Incorporation Number: 1.3 Address: Street Number:

Street Name: City:

Local Govt: 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 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: 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: MD Date: 8/3/22

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