



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
 (Employees' Compensation Act, 2010)

Registration of Employer

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

PART 1: TYPE OF BUSINESS

(Mark 'X' as Appropriate)

Public/Private Limited Company ☒ Informal Sector Employer [] Partnership [] Sole Proprietorship []

Others (please specify) []

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: **NOLARIX PROFICIENT SERVICES AND CONTRACT LTD**

2.2 Incorporation Number: **KC 7286582**

2.3 Address: **SUITE 20**

KUJE SHOPPING PLAZA

ALONG SECRETARIAT

Local Govt.: **ROAD KUJE**

State: **FCT ABUJA**

2.4 Postal Address: **SAME AS ABOVE**

2.5 Tel. No. 1: **08030702396**

Tel. No. 2: []

2.7 Email: **VICKYMORLO4@yahoo.com**

2.8 Does Employer have other branches and subsidiaries? Yes [] No ☒ If "Yes", fill attached form (ECS RE01b)

2.9 Year of Establishment/Incorporation: **04 01 2024**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **OLONADE**

Middle Name: []

First Name: **SEGUN**

Position: **MANAGER**

Tel. Number: **08030702396**

Mode of Identification: National ID. []

Driver's License [] International Passport ☒ Specify ID. Number: **B50033884**

PART 4: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐

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

GENERAL CONTRACT

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: **[Signature]** Position: **MD** Date: **14/06/2024**

Surname: **DOTEKACHI** First name: **AUGUSTINE VICTOR** Official Stamp (if any):



NOLARIX PROFICIENT SERVICES AND CONTRACT LTD

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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 Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration
1	Mgushin	Victor	Onyiah	Abuja		Male	Married	001	Jan 2024	1976-Arizona 2003-nyahob 2003-nyahob@yahoo.com	Director	Delta	Abuja	Abuja	08085438216	1	NIN	1	Abuja	104	1	4	20,000
2	Isa	Amulim	Armar	Abuja		Male	Married	002	Jan 2024	1976-Arizona 2003-nyahob 2003-nyahob@yahoo.com	Director	Delta	Abuja	Abuja	0781583244	1	NIN	1	Abuja	104	1	3	20,000
3	Segun	-	Olomide	Abuja		Male	Married	003	Jan 2024	1976-Arizona 2003-nyahob 2003-nyahob@yahoo.com	Director	Ogun	Abuja	Abuja	0815082105	1	NIN	1	Abuja	104	1	3	20,000
4																							
5																							
6																							

JANUARY 2024 - DECEMBER 2024
1% x 90,000 = 900 x 12 months



= 10,800

~~90,000~~

Authorized Signatory.....

Name of Officer.....

Position.....

Manager

PASSPORT

P<NGAOLONADE<<SEGUN<<<<<<<<<<<<<<<<<<<<<<<<<<<<
B500338848NGA790822OM300907188612919625<<<72