NIGERIA SOCIAL INSURANCE TRUST FUND ECS RE 03

(Employees' Compensation Act, 2010)

Employees' Schedule of Payments

(Section 40 (1)(a) of the Act)

Employer's Name... .....

Sector ... GENERAL CONTRACT..... **Employer's NSITF N0.....**

	Employee																		Total Monthly Earnings	
S/No	Surname	First Name	Middle Name	Gender M/F	Employees ID No	Employee Date of Employment	Date of Birth	State of Origin	LGA	Town	Contact Phone No	Alternative phone No	Means of Identification (Drivers Liences,Int Passport, Nat ID)	State of Issuance	Adress of Employee	Job Tittle	Marital Status	Number of Primary Dependant (Spouse Children)	Naira	Kobo
1	USEN	PETER	INIOBONG	M			09-12-83	GOMBE	KWAMI							DIRECTOR	MARRIED		30,000.00	
2	IGRI	IGRI	EKPO	M			15-11-21	NIGER	TAFA							ADMIN	SINGLE		30,000.00	
3	OKURE	IDORENYIN	LINUS	F			10-10-91	NIGER	SULEJA							SECRETARY	MARRIED		30,000.00	

This form should be duly completed and sumitted by the Employer immediately after registertion to reflect the estimate earning of the Employees. **SUB/GRAND TOTAL** 90,000.00

This should be complected anytime payment is made.

Authorised Signatory .... **Name of Officer USEN PETER INIOBONG** **Position.....** **Date.....**

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

Employees' Schedule of Payments

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

mployer's Name: **Employer's Number**

SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	TOTAL MONTHLY EARNINGS	
							NAIRA (=N=)	KOBO (K)
Usen	peter	Iniobong					18,000	
Igwi	Igwi	Ekpo					18,000	
							36,000	

should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.
should be completed any time payment is made.

thorized Signatory:..... *Name of Officer:* Usen ..... *Position:* M.D