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: OAKLANDYNAMIX LTD

2.2 Incorporation Number: 1533273

2.3 Address: Suite C95 Area 11 Egalo Ext. mall

Local Govt.: AMAC State: FCT

2.4 Postal Address:

2.5 Tel. No. 1: Tel. No. 2:

2.7 Email: josephnjoli12@gmail.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: 18/10/2018

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Joseph Njoli Middle Name:

First Name: Position: MD

Tel. Number: 07036348234 Mode of Identification: National ID [√]

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

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:......M.D...... Date:..................

Surname:......Joseph...... First name:......Njoli...... Official Stamp (if any):..................

OCT 2018 – DEC 2024 (75 Months)

NIGERIA SOCIAL INSURANCE TRUST FUND

(Employee' Compensation Act, 2010)

Employees' Schedule of Payments

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

Employer's Name:...OAKLANDYNAMIX LTD.....

Employer's NSITF No:...NEW REGISTRATION.....

S/N	SURNAME	FIRST NAME	MIDDLE NAME	GENDER (M/F)	EMPLOYEE ID NUMBER	EMPLOYEE DATE OF EMPLOYMENT	DATE OF BIRTH	STATE OF ORIGIN	LGA	CONTACT PHONE NUMBER	MEANS OF IDENTIFICATION (DRIVERS' LICENSE, INTL. PASSPORT, NATL. ID	STATE OF ISSUANCE	ADDRESS OF EMPLOYEE	JOB TITLE	MARITAL STATUS	NUMBER OF PRIMARY DEPENDANTS(SPOUSE & CHILDREN)	MONTHLY NAIRA
1	JOSEPH	NJOLI	EJUGU	M	001	01/01/19	3/6/1987	CRS	BEKWARRA	07069432340	NATL. ID	CRS	EFAB ESTATE LOKOGOMA	MD	MARRIED	2	30,000
2	MANSON	LYDIA	OKON	F	002	01/01/19	25/6/1991	CRS	UGEP	07067385118	NATL. ID	CRS	WUSE 2 ABUJA	SEC	MARRIED	2	30,000
3	INUNG	ANTHONIA	NJOLI	F	003	01/01/19	3/6/2005	CRS	BEKWARRA	08026457960	NATL. ID	CRS	LIFECAMP ABUJA	RECPTNIST	SINGLE	NIL	30,000

₦90,000 x 1% x 75

₦67,500

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name:
Sign:
Date: 07/05/2024

TOTAL ₦N90,000

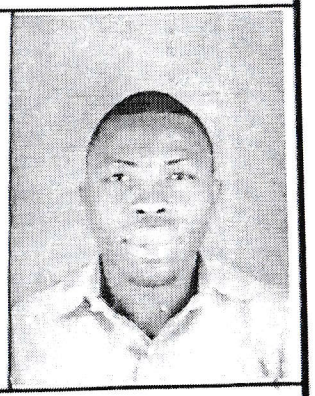
This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.
This should be completed any time payment is made.

Authorised Signatory...Edi

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

acking ID: S7Y0O0ZNP00011G	Surname: NJOLI	Address: NO. 23, NEW BARRACKS ROAD	
N: 64681516016	First Name: JOSEPH		
sue Date: 23/06/2014	Middle Name: EJUGU		
	Gender: M	IGOLI Cross River	

ote: The ***National Identification Number (NIN) is your identity.*** It is confidential and may only be released for legitimate transactions.

u will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng

www.nimc.gov.ng

4452, 07040144453,
07040144454

National Identity Management Commission

11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria