FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

May 21 – Dec-22

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

S/N	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TLTLE	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	ILOMA	BENJA-MIN	~~AMORI~~	KUBWA	2/4/1965	M	MARRIED	001	1/1/2021			IMO	ATHA ZU	UMUNUMBIRI	081111 21185						30,000
2	JAJA	TAMUNO BOMA	CHARLES	KUBWA	5/6/1986	M	MARRIED	002	11/1/2021			✓	✓	✓	08065 655858						30,000
3	JAJA	~~AMAKA~~	CHARLES	KUBWA	28/11/1976	F	MARRIED	003	1/1/2021			IMO	ATHA ZU	UMU MBIRI	08037 891844		Driver's Licence				30,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					

1% x ₦90,000 = ₦900 x 2months

= ₦1800

29/7/22

90,00

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.....JAJA AMAKA.....

POSITION.....Secretary

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: OBI CNP OBI DYNAMIC LINKS LTD

2.2 Incorporation Number: 1792258

2.3 Address: B11 ODUDUA Street Kubwa

Local Govt.: BWARI State: FCT

2.4 Postal Address: SAME

2.5 Tel. No. 1: 08023532016 Tel. No. 2: 08037891844

2.7 Email: Speak2mc2000@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: 2021

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: JAJA Middle Name:

First Name: AMAKA Position: SECRETARY

Tel. Number: 08023532016 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):....

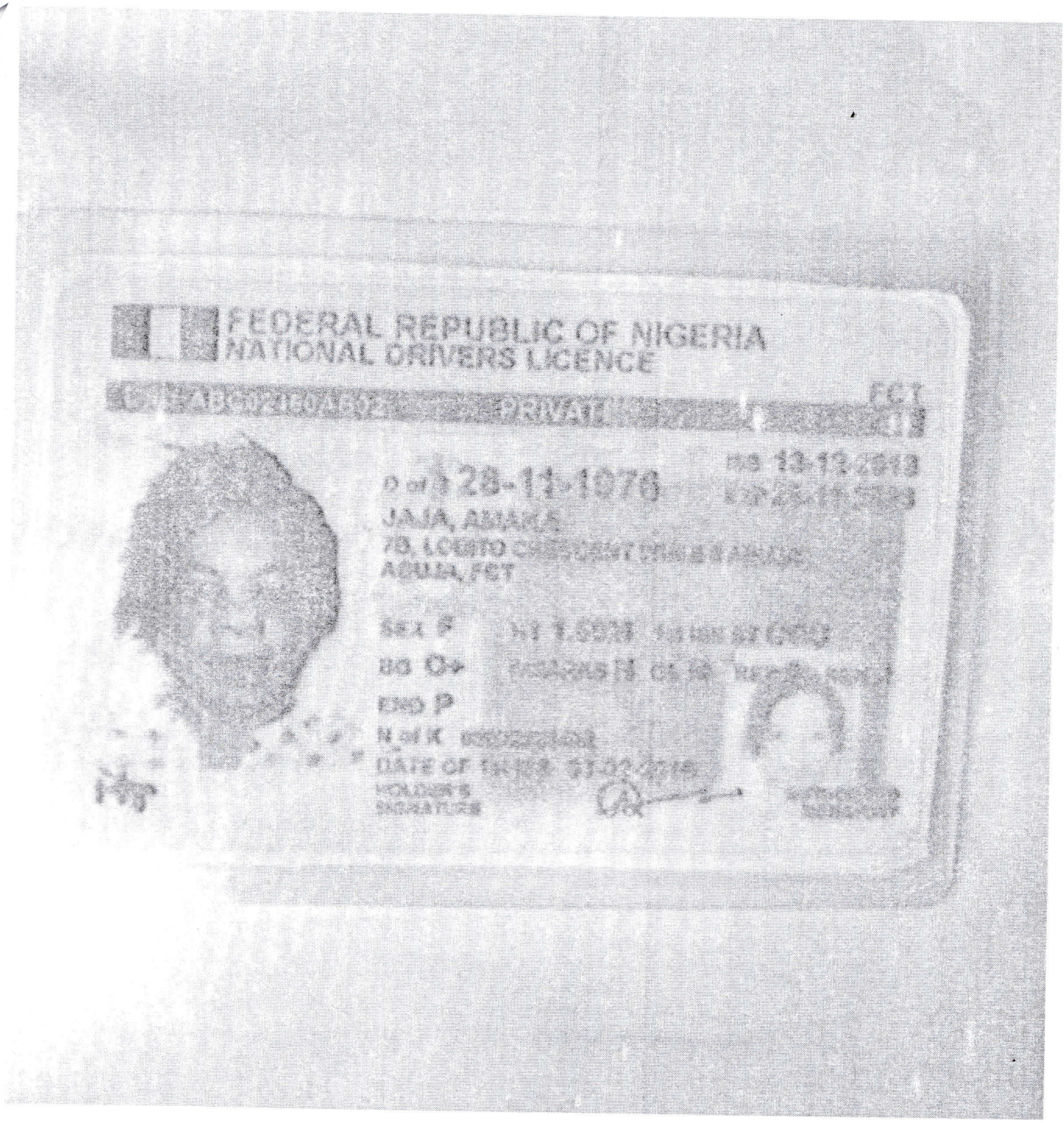
General Contract.

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: Secretary Date: 29/7/2022

Surname: JAJA First name: AMAKA Official Stamp (if any):.....


FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE
PRIVATE
28-11-1070
JAJA, ABIAKA
FCT
ABUJA, FCT
Sex F
BG O+
END P