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).

SN	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment 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	PONUWEI	AGBALA	SAMUEL		18/03/83	M	MARRIED	NIN		Aponuwei@gmail.com		EDO	OWA-SOUTH WEST	EDO	07033120017		NIN	21192076015	AKWA IBOM				30,000
2																							
3	OJO	CLEMENTINA	SEYE		04/07/63	F	MARRIED	NIN		Seyeclem@gmail.com		ONDO	Odo-ASOKO KOSI/WI	ONDO	08123882885		NIN	40344561327	PORT HARCOURT				30,000
4																							
5	OJO	HANNAH	TEMITOPE		05/01/96	F	MARRIED	INTERNATIONAL PASSPORT		Mgconcept@gmail.com		ONDO	Odo-ASOKORO SOUTHWEST	ONDO	08134447092		INTERNATIONAL PASSPORT	N1318413	BENIN				30,000
6																							90,000

Authorized Signatory:..... *Name of Officer:*..... *Position:*.....

ECS.RE.01a

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: OKITO MARINE LTD

2.2 Incorporation Number: 7310932 2.3 Address: PLOT 6 PONUWEI EBELO DRIVE PONUWEI EBELO

Local Govt.: ONIA SOUTH WEST State: EDO STATE

2.4 Postal Address: PLOT 6 PONUWEI EBELO DRIVE EDO STATE

2.5 Tel. No. 1: 07033120011 Tel. No. 2:

2.7 Email: aponuwei@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: 23112024

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: PONUWEI Middle Name: AGBALA

First Name: SAMUEL Position: MANAGING DIRECTOR

Tel. Number: 07033120011 Mode of Identification: National ID. [✓]

Driver's License [ ] International Passport [ ] Specify ID. Number: 21192076015

PART 4: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

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

General Contractor

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: Position: MD Date: 28/06/24

Surname: Ponuwei First name: SAMUEL A. Official Stamp (if any):

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID:	Surname: PONUWEI	Address: 5 SD1 LAKEVIEW HOMES PHASE 2 KADO ABUJA	
NIN: 21193076015	First Name: AGABRA		
	Middle Name: SAMUEL	KADO	
	Date of Birth: 11	FC	

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

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

helpdesk@nimc.gov.ng	www.nimc.gov.ng	978-CALL-nimc (9789-2215-646)	National Identity Management Commission