

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

Employee Information

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

152/2922

$$\begin{array}{r} 32 \\ 423 \overline{) 561} \\ \underline{561} \\ 0 \end{array}$$

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

[illegible]

Signature/Date: 15/10/21 2523

10X 154,000 = 1540X 44 months = \$23,760



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

Registration of Employer

Section 39(1)

Mark 'X' as Appropriate

Public/Private Companies ☒ Informal Sector Employer ☐ Partnership ☐

Sole Proprietorship ☐ Others (please specify) ☐

PART 1: PARTICULARS OF BUSINESS (for MDAs, public and private companies):

1.1 Employer Name: AFRICANA BESPOKE TAILORING NIGERIA LIMITED

1.2 Incorporation Number: RC1331368

1.3 Address: Street Number: plot

Street Name: 903 CAD ZONE

City: C02 LIFE CAMP

Local Govt: AMAC

State: FCT

1.4 Postal Address:

1.5 Tel Number: 08057011282

1.6 Fax Number:

1.7 Email: afrikanatextshop@afrikanatextshop.com

1.8 Does Employer operate in other locations? Yes ☐ No ☒. 1.9 If yes give details:

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes ☐ No ☐.

1.11 Act? Yes ☐ No ☐

PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: Oronsaye Middle Name: Charles

First Name: Oghoghe

Position: DIRECTOR

Tel. Number: 08057011282

Mode of identification: National I.D. ☐ or Drivers Licence ☐ or

International Passport ☐ Specify ID. Number: B50023549

PART 3: BUSINESS SECTOR CATEGORIES:

Construction ☐

Mining ☐

Banking & Finance ☐

Manufacturing ☐

Aviation ☐

MDAs ☐

Oil & Gas ☐

Agriculture ☐

Energy ☐

Telecom ☐

Others (please specify): Fashion Designing

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [Signature]

Position: Director

Date: 8/02/2022

Surname: Oronsaye

First Name: Charles

Official Stamp (if any):

PASSPORT

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 001
 002
 003
 004
 005
 006
 007
 008
 009

Passport / Passeport



Passport No. / N° Passeport
B50023549

Previous Passport / Passeport Précédent
A07152957

NIN
15952830352

Authority / Autorité
ABUJA HQRS

Holder's Signature / Signature du Titulaire

1897

P<NGA0RON SAYE<<CHARLES<OGHOGHO<<<<<<<<<<<
B500235497NGA8708139M300126015952830352<<<56