ECS.RE01

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: OLADAPO STAXY NIGERIA LIMITED

1.2 Incorporation Number: RC1177057 1.3 Address: Street Number: H01

Street Name: OGUNSOLA CLOSE City: IKORODU

Local Govt: IKORODU LOCAL GA State: LAGOS

1.4 Postal Address: OGUNSOLA CLOSE IKORODU

1.5 Tel Number: 08101880015 1.6 Fax Number:

1.7 Email: akinrinsolaakinku@gmail.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 Did business start prior to the Act? Yes [ ] No [✓]

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

2.1 Surname: OGUNSOLA Middle Name:

First Name: OLADAPO Position: CEO

Tel. Number: 08101880015 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [✓] Specify ID. Number: A10178828

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

Hospitality

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

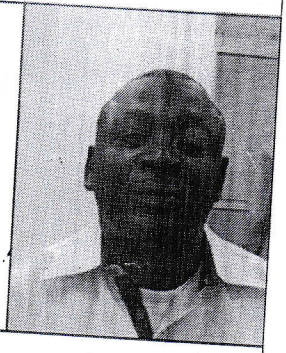
Signature or Thumb Print: ..... Position: Executive Director Date: 30/05/2024

Surname Akinkuowo First Name: Kola Official Stamp (if any): .....

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: BVN022255158659	Surname: OGUNSOLA	Address:	
NIN: 42263109039	First Name: OLADAPO	NO 1, OGUNSOLA OLADAPO CL	
	Middle Name: JAMES	Ikorodu	
	Gender: M	Lagos	

Note: The National Identification Number (NIN) is your identity. it is confidential and may only be released 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	0700-CALL-NIMC	National Identity Management Commission, 11 Sokode Crescent, off Dalaba Street, Zone 5 Wuse, Abuja Nigeria.

NIGERIA SOCIAL INSURANCE TRUST FUND

(Employee' Compensation Act, 2010)

Employees' Schedule of Payments

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

Employer's Name:.....

Employer's NSITF No......

S/N	EMPLOYEE																		TOTAL MONTHLY EARNINGS	
	SURNAME	FIRST NAME	MIDDLE NAME	GENDER (M/F)	EMPLOYEE ID NUMBER	EMPLOYEE DATE OF EMPLOYMENT	DATE OF BIRTH	STATE OF ORIGIN	LGA	TOWN	CONTACT PHONE NUMBER	ALTERNATE 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)	NAIRA	KOBO
1	UWEDE	OGHENEKARO		M	OTLD008	20/4/2021	16/05/1993	Delta	Isoko South		8138242853		Int Passport		No 10 Adeleke Crest . Kubwa Abuja		Single		30,000.00	
2	Adebayo	Oluwatobi	Boluwatife	M	OTLM 001	15/03/2021	20/02/1993	Ondo	Ifedore		8064914767		Int Passport		2 Egina Street Total Estate Gaduwa Abuja		Married		30,000.00	
3	Ajayi	Omolara		F	OTLM002	28/3/2021	30/07/1992	Ekiti	Osi		7038138574		Int Passport		120 Zone6 Dutse Alhaji Abj		Married		30,000.00	
																		SUB/GRAND TOTAL:	90,000.00	

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.....

Name of officer.....*Position*.....*Date*.....