FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

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	Lilian	Ngozika	Olisakwe	No5 Emekeilu Street O/Line Ph	12/5/81	female	married	001	10/1/2011	lilianolisakwe@gmail	Head Admin	Imo	Ideato North	Osina	81866 [illegible] 28746		National I.D	Rivers	Emeh Cyprian	4	18,000
2	Igbokwe	Chioma	Nwaogo		12/11/89	male	Single	002	✓	✓	Logistic Officer	Abia	South	Ukpakala	81359 81329 [illegible] 22193		✓	✓	Nwogo Jah	2	18,000
3					7/4/1992	male	married	003	✓	✓	Secretary	Rivers	Port Harcourt	Rumukalagbo	81631 [illegible] 1416		National I.D	✓	Eze Isaac	2	18,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					54,000

July 2011 — Dec 2019

540 × 102 months

= ₦ 55,080

July 2011 – Dec 2019 &

Jan 2020 – Dec 2023

55,080 + 43,200

= ₦ 98,280

NSITF KAGINI BRANCH ACCOUNT UNIT CHECKED
Name: Uzoma Peace
Sign:
Date: 15/8/2023

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: [signature]   NAME OF OFFICER: Lilian Ngozi-O   POSITION: Head Admin

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

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

NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TITLE	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
ILIAN	NGOZIKA	OLISAKISE	NO.5 Emekuku Street Nkue PH	12/03/81	F	Married	01	07/01/11		Head Admin	Imo	Ideato North	Osina	0816628716		NIMC	Rivers	0864757991	4	30000
bokwe	Chizoba	Nwagoji	same	12/11/89	M	Single	02	01/07/11		Head logistics	Abia	Umuahia South	Ubakala	08132922193		NIMC	Rivers	08166328166	2	30,000
ppiness	Nkanaga	Nwiche	same	07/04/92	F	Married	03	01/01/11		Secretary	Rivers	Port Harcourt	Rumukalakpo	08163151446		NIMC	Rivers	0907941573	2	30000

Jan 2020 — Dec 2023

900 × 48 months

= ₦ 43,200 ₦ 43,200

NSITF KAGINI BRANCH ACCOUNT UNIT CHECKED
Name: [illegible]
Sign: [illegible]
Date: 15/08/2023

90,000

SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

SIGNATORY: [signature]

NAME OF OFFICER: Lilian Ngozi O.

POSITION: Head Admin.

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: OLIKKS ELECTRIX NIG LTD.

1.2 Incorporation Number: 852264 1.3 Address: Street Number: 88

Street Name: CLUSTER 3, RPE. City: ABUJA

Local Govt: AMAC State: FCT

1.4 Postal Address: PLOT 88 CLUSTER 3 - RPE. AIRPORT RD ABUJA

1.5 Tel Number: 08035055404 1.6 Fax Number:

1.7 Email: mcfuzy@gmail.com

1.8 Does Employer operate in other locations? Yes [✓] No [ ]. 1.9 If yes give details: NUMBER 5, EMEKUKU STREET, D-LINE, PORTHARCOURT

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: OLISAKWE Middle Name CHIZOBA

First Name: KENNETH Position:

Tel. Number: 08035055404 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or International Passport [ ] Specify ID. Number: 32-22-18-040

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: MD/CEO Date: 10th AUG, 2023.

Surname OLISAKWE First Name: KENNETH Official Stamp (if any): .....

FEDERAL REPUBLIC OF NIGERIA

INDEPENDENT NATIONAL ELECTORAL COMMISSION

VOTER'S CARD

ODE: 32-22-18-040

VIN: 90F5 B247 9D29 6038 605

DELIM: RIVERS | PORT HARCOURT
NKPOLU OROWORUKWO TWO

OLISAKWE, KENNETH CHIZOBA

DATE OF BIRTH
12-02-1974

GENDER
MALE

OCCUPATION
OTHER

ADDRESS
EAGLE ISLAND