

FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)

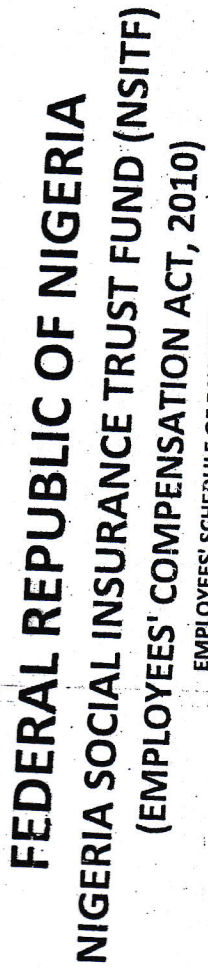
EMPLOYEES' SCHEDULE OF PAYMENT

(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	MARITAL 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
1	Igbafemi	Chibok	Nwagor	Nwagor, Lagos	14/11/89	Female	Single	022001	10/1/2011	iliana@nsitf.gov.ng	Logistic Officer	Abia	North West	Kumukoko	8163581329		Netball	Id	Id	Id	4	20018
2					14/11/89	Female	Single	022001	10/1/2011	iliana@nsitf.gov.ng	Logistic Officer	Abia	North West	Kumukoko	8163581329		Netball	Id	Id	Id	2	20018
3					14/11/89	Female	Single	022001	10/1/2011	iliana@nsitf.gov.ng	Logistic Officer	Abia	North West	Kumukoko	8163581329		Netball	Id	Id	Id	2	20018
4					14/11/89	Female	Single	022001	10/1/2011	iliana@nsitf.gov.ng	Logistic Officer	Abia	North West	Kumukoko	8163581329		Netball	Id	Id	Id	2	20018
5					14/11/89	Female	Single	022001	10/1/2011	iliana@nsitf.gov.ng	Logistic Officer	Abia	North West	Kumukoko	8163581329		Netball	Id	Id	Id	2	20018
6					14/11/89	Female	Single	022001	10/1/2011	iliana@nsitf.gov.ng	Logistic Officer	Abia	North West	Kumukoko	8163581329		Netball	Id	Id	Id	2	20018
7					14/11/89	Female	Single	022001	10/1/2011	iliana@nsitf.gov.ng	Logistic Officer	Abia	North West	Kumukoko	8163581329		Netball	Id	Id	Id	2	20018
8					14/11/89	Female	Single	022001	10/1/2011	iliana@nsitf.gov.ng	Logistic Officer	Abia	North West	Kumukoko	8163581329		Netball	Id	Id	Id	2	20018
9					14/11/89	Female	Single	022001	10/1/2011	iliana@nsitf.gov.ng	Logistic Officer	Abia	North West	Kumukoko	8163581329		Netball	Id	Id	Id	2	20018
10					14/11/89	Female	Single	022001	10/1/2011	iliana@nsitf.gov.ng	Logistic Officer	Abia	North West	Kumukoko	8163581329		Netball	Id	Id	Id	2	20018

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.

UTHORISED SIGNATORY:  NAME OF OFFICER: Lilian Ngozi-O POSITION: Head Admin



NAME	EMPLOYEE LAST NAME	EMPLOYEE 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
ILLIAN	NGOZIKA	OLISAWE	205 Eburu Street Blue PH	12/05/81	F	Married	01	07/01/11		Head Admin	Imo	Ideato North	Osiu	081566 081716		NIMC	919123 349448 Rivers	08647 57911	4	30000
BOOKER	CHIDOGA	NIAGINI	same	12/11/89	M	Single	02	01/01/11		Head Logistics	Abia	Umu Ohia South	Uwak ala	0813 2922 193		NIMC	Rivers 081866 3281 66	2	30,000	
PPINSS	WIKANGE	WUCHO	same	07/04/82	F	Married	03	01/01/11		Secret ary	Rivers	Port Harcourt	Pumma Kala KPO	081631 51416		NIMC	Rivers 090 7141 5713	2	30000	
Jan 2020 - Dec 2023																				
900 + 48 months																				
= N 43,2000 + 43,200																				

NSITE KAGIN BRANCH
ACCOUNT UNIT
CHECKED
Name: 15/08/2023
Sign: 15/08/2023
Date: 15/08/2023

90/000

SIGNATORY 

NAME OF OFFICER: Wilson Ngorezi O.

POSITION... Head Admins.

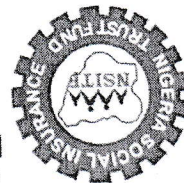
FEDERAL REPUBLIC OF NIGERIA

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: OLUKS ELECTRIX NIG LTD
 1.2 Incorporation Number: 852264
 1.3 Address: Street Number: 88

City: ABUJA State: FCT
 Street Name: CLUSTER 3, R.T.E. Local Govt: KMAA

1.4 Postal Address: PO BOX 88 CLUSTER 3 - R.T.E. AIRPORT AD ABUJA
 1.5 Tel Number: 8035055907
 1.6 Fax Number: []

1.7 Email: mcguzzy@gmail.com
 1.8 Does Employer operate in other locations? Yes [X] No [] 1.9 If yes give details: NUMBER 5, EMEKUN STREET, D-LINE, PORTHARCOURT

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [X] No []

1.11 Did business start prior to the Act? Yes [X] No []

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

2.1 Surname: OLUKS Middle Name: KENNETH Position: []
 First Name: KENNETH Tel. Number: 08035055907 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: [Signature] Position: MD/CEO

Surname: OLUKS First Name: KENNETH Official Stamp (if any): []

Date: 10th Aug 2003



FEDERAL REPUBLIC OF NIGERIA
INDEPENDENT NATIONAL ELECTORAL COMMISSION

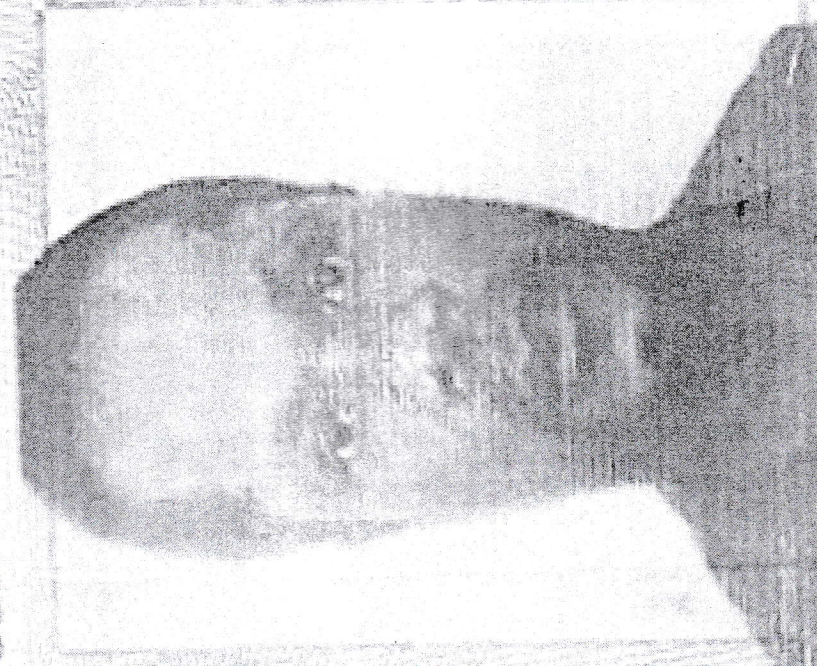


INIEC
NATIONAL INDEPENDENT ELECTORAL COMMISSION

VOTER'S CARD

ODE: 32-22-18-040

VIN: 90F5 B247 9D29 6038 605



DELIM: RIVERS | PORT HARCOURT
NKPOLU OROWORUKWO TWO
OLISAKWE, KENNETH CHIZOBA

GENDER
MALE

DATE OF BIRTH
12-02-1974

OCCUPATION
OTHER

ADDRESS
EAGLE ISLAND

