



OLUFOLABI General Consultants Limited

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 45 OF THE ECA 2006)

NSITF KAGINLE BRANCH
ACCOUNT UNIT
Name: OLUFOLABI
Date: 08/07/23

EMPLOYEE FIRST 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
Malumi		Olufolabi		21/11/88	M	Married				Manager	Ondo	Ilele	Okitipupa	08389642		MIN	Ondo	Ondo	2010	08389642	3000
Malumi		Olufolabi		21/11/88	M	Married				Manager	Ondo	Ilele	Okitipupa	08389642		MIN	Ondo	Ondo	2010	08389642	3000
Malumi		Olufolabi		21/11/88	M	Married				Manager	Ondo	Ilele	Okitipupa	08389642		MIN	Ondo	Ondo	2010	08389642	3000

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

SIGNED SIGNATORY

NAME OF OFFICER Malumi

POSITION Manager

90,000

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: OLUFTOLABI GENERAL CONSULTS LIMITED

2.2 Incorporation Number: 6993483

2.3 Address: OKITI PUPA

Local Govt.: HOGA LGA

2.4 Postal Address:

2.5 Tel. No. 1: 08131896343

2.7 Email: OLUFTOLABI CONSULTS@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: 30th May 2023

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: ALUMI

First Name: OLUKOLA

Tel. Number: 07087054513

Mode of Identification: National ID [] Specify ID. Number: MIM 57504789187

PART 4: BUSINESS SECTOR CATEGORIES

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

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

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON

I certify that the above particulars are correct

Signature or Thumbprint: [Signature]

Position: Manager

Date: []



National Identity Management System
Federal Republic of Nigeria
National Identification Number Slip (NINS)



Tracking ID: 57Y002R900011D

NIN: 57504789137

Surname: MALUM

First Name: OLUKOYA

Middle Name:

Gender: M

Address:
1, OROJOLA STREET, OGTURUWA

OGTURUWA

ON

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@ninc.gov.ng

www.ninc.gov.ng

WIS-CALL-9055
(07) 215 415 415

National Identity Management Commission
11, South Centre, Old Oshodi, Lagos State, W.L.G. 101005