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: [redacted]

1.2 Incorporation Number: [redacted]

1.3 Address: Street Number: [redacted]

Street Name: [redacted]

City: [redacted]

Local Govt: [redacted]

State: [redacted]

1.4 Postal Address: [redacted]

1.5 Tel Number: [redacted]

1.6 Fax Number: [redacted]

1.7 Email: [redacted]

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: [redacted] Middle Name: [redacted]

First Name: [redacted] Position: [redacted]

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

International Passport [ ] Specify ID. Number: [redacted]

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: ..... Date: .....

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

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 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	Muhma		Usen			M	M	003	2014		M										
2	Jikin		Osini			M	M	002	2021		SA										
3	Skeny					M	M	001	2021		PA										
4																					
5																					
6																					
7																					
8																					
9																					
10																					

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.

NAME OF OFFICER .....

POSITION.....

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Employer's Schedule of Payments

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

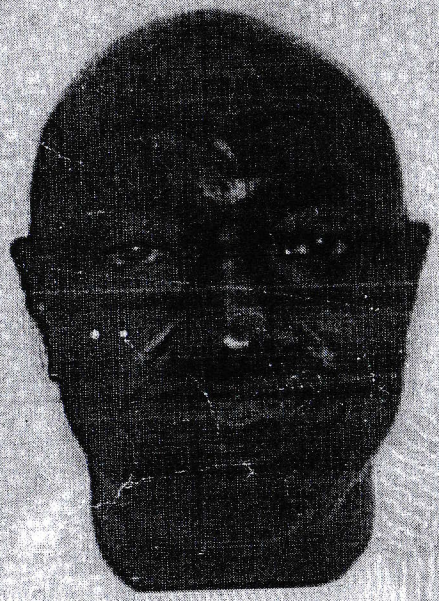
S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
	Muhamed	Osemi					18,000		
	Odoba	Musa					18,000		
	Steve	Osman					18,000		
	[illegible]	540							
					Sub/Grand Total:		54,000		

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.

Authorized Official: Sumy Position: [illegible] Signature/Date: 11/5/24

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport



Type / Type
P

Country Code / Code du pays
NGA

Passport No. / N° Passeport
B50103588

Surname / Nom
ALIYU

Given Names / Prénoms
MUSA DANGOGGO

Nationality / Nationalité
NIGERIAN

Previous Passport / Passeport Précédent
A07714327

Date of Birth / Date de Naissance
28 SEP / SEPT 58

NIN
44964041537

Sex / Sexe
M

Place of Birth / Lieu de Naissance
MINNA

Date of Issue / Date de Délivrance
07 AUG / AOÛT 21

Authority / Autorité
ABUJA HQRS

Date of Expiry / Date d'Expiration
06 AUG / AOÛT 31

Holder's Signature / Signature du Titulaire

P<NGAALIYU<<MUSA<DANGOGGO<<<<<<<<<<<<<<<<<<<<<<

B501035889NGA5809286M3108066449640415372<<<12