Jan 2021 — Dec 2022

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

Employees' Schedule of Payments

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

Employer's Name: ORAL ONUGBO CONSULTING

Employer's Number

S/N	SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	TOTAL MONTHLY EARNINGS NAIRA (=N=)	KOBO (K
1	Oluchukwu	Oral	Onugbo				m	30,000	
2	Simon	Okeke	—				f	30,000	
3	Emmanuel	Mason	Eni				M	30,000	
	January 2021 — December 2022 = 24 months								
	900 x 24 months = 21,600								
								90	
								90,000	

This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.
This form should be completed any time payment is made.

Authorized Signatory:..... Name of Officer:..... Position:.....

1/6 = 90

FEDERAL REPUBLIC OF NIGERIA

May 2012 – Dec 202

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	Okeke	Oral				M	M	001			MD										18000
2	Simon	Okeke				F	S	002													18,000
3		Mason				M	M	003													18,000
4																					
5																					
6	May 2012	—	December	2020								=	104 months								
7																					
8			5440	×	104	=	54,160														
9																					
10																					54900

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.....

NAME OF OFFICER.....

POSITION.....

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: ORAL CHUKWUEBO CONSULTING

1.2 Incorporation Number: RC2208388 1.3 Address: Street Number: 5A

Street Name: Cwillsands Estate City: FCT

Local Govt: State: Abuja

1.4 Postal Address: 23 Oak Street, S14 Estate, Mbora District Abuja

1.5 Tel Number: 08033301900 1.6 Fax Number:

1.7 Email: oralonuigbo@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 Act? Yes [ ] No [ ]

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

2.1 Surname: Onigbo Middle Name: Chukwuemeka.

First Name: Oral Position:

Tel. Number: 08033301900 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number:

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

..... General Contract .....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: Director Date: .....

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

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

FCT

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ONUIGBO, ORAL CHUKWUEMELIE
SUITE 6, JINIFA PLAZA EXT. SAMUEL
ADEMULEGUN WAY,
ABUJA, FCT

SEX M HT 1.65M 1st ISS ST FCT

BG O- F/MARKS N GL N REP 0 REN 3

END P

N of K 08033223050

DATE OF 1st ISS 10-01-2007

HOLDER'S SIGNATURE

AUTHORISED SIGNATORY