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: OYINV OIL AND GAS NIGERIA LIMITED. 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=)	TOTAL MONTHLY EARNINGS KOBO (K)
1	Friday	Daniel	Yohana			✓	M	30,000	00
2	Confidence	Kalu				✓	F	30,000	00
3	Chisom	Dalli				✓	M	30,000	00
								90,000	00

April 2022 - December 2022

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:* Friday Daniel *Position:* Director

190 x ₦9,000 = ₦500 x 9 months = ₦8100

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)

OYINO OIL AND GAS NIGERIA LIMITED

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	Friday	Daniel	Yohana	[illegible]	[illegible]	Male	Single	023002 001	[illegible]	[illegible]	Driver	Rivers		Port Harcourt	[illegible]		Voters Card	Rivers State	[illegible]	All	30,000
2	Chisom	Dalli	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Manager	River		[illegible]	[illegible]		National ID	Rivers State	[illegible]	[illegible]	[illegible]
3	Confidence	Kalu		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	River		[illegible]	[illegible]		Voters Card	River State	[illegible]	All	30,000
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.

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: OYINU OIL AND GAS NIGERIA LIMITED

1.2 Incorporation Number: 1907630 1.3 Address: Street Number: NO2

Street Name: TAMPUI CRESCENT RUKPOKU City: PORT HARCOURT

Local Govt: ELIOZU State: RIVERS STATE

1.4 Postal Address:

1.5 Tel Number: 08182711733 1.6 Fax Number:

1.7 Email: oyinuoil123@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: FRIDAY Middle Name: YOHANA

First Name: DANIEL Position: DIRECTOR

Tel. Number: 08182711733 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [✓] Specify ID. Number: A09636963

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

General Contractor [✓]

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

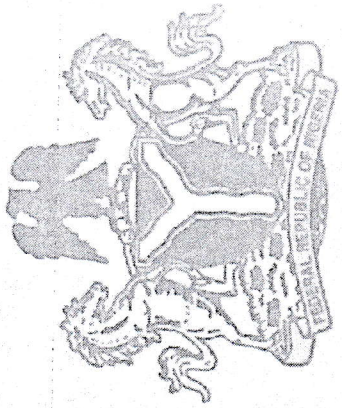
I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: Director Date: 05/07/2022

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

POSITION.....

NAME OF OFFICER.....



These are to request and require in the name of the President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria all those whom it may concern to allow the bearer to pass freely without let or hindrance and to afford him or her every assistance and protection of which he or she may stand in need.

A 09636963

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

Type / *Type*
P

Country Code / *Code du pays*
NGA

Passport No. / *Passep.*
A09636963

Surname / *Nom*
YOHANA

Given Names / *Prénoms*
FRIDAY DANIEL

Nationality / *Nationalité*
NIGERIAN

Previous Passport / *Précédente Passeport*
A04090475

Date of Birth / *Date de naissance*
26 FEB / FÉV 71

Personal No. / *N° personnel*

Sex / *Sexe* Female / F | *Lieu de naissance*
M JOS

Authority / *Autorité*
PORT HARCOURT

Date of Issue / *Date de délivrance*
23 AUG / AOÛ 18

Holder's Signature / *Signature du Titulaire*

Date of Expiry / *Date d'expiration*
22 AUG / AOÛ 23

P<NGAYOHANA<<FRIDAY<DANIEL<<<<<<<<<<<<<<<<<<<<

A09636963ONGA7102268M2308227<<<<<<<<<<<<<<04