

Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Mari- tal Status	Employee ID	Employee Start Date	Employee Email	Job Title	State of Origin	Local Governme- nt Area	Town	Cont- act Phon- e	Alter- nate Phon- e	Means of Identity	Means of Identity Numbe- r	Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependant s	Monthly Remuneration
Theresa	Alma	Alma	10/5/95	Female	Married	Married	P-22222	12/12/2022		Manager	Lagos	Lagos	Lagos	08123456789	08123456789	Driver		For	06060606	005	₦200,000	
Theresa	Alma	Alma	10/5/95	Female	Married	Married	P-22222	12/12/2022		Manager	Lagos	Lagos	Lagos	08123456789	08123456789	Driver		For	06060606	005	₦200,000	
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Employer's Name:

Employer's Number

SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	TOTAL MONTHLY EARNINGS	
							NAIRA (=N=)	KOBO (K)
Femi	Akinnuwa					M	30,000	
Ololade	Akinnuwa					M	30,000	
Roshe	Akinnuwa					F	30,000	
Jan - Dec 2023 900 x 12 months 10,800 free 05/01/23								
							90,000	

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

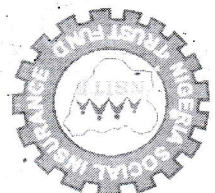
Authorized Signatory: [Signature] Name of Officer: Ololade A. Position: Accountant

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

Authorized Signatory:.....

Name of Officer: Officer A.

Position:..



(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: **P-Z ENIMULTI-LIMIT LTD**
2.2 Incorporation Number: **WORLD TRADE CENT**
2.3 Address: **274, Plot**

Local Govt.: **Abuja**
2.4 Postal Address: **Abuja**

2.5 Tel. No. 1: **08144471218**
2.6 Tel. No. 2: **08144471218**
2.7 Email: **oloyedefemi@worldtrade.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: **2012/12/20**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **FERMI** First Name: **Abimbola** Position: **Managing Director**
Tel. Number: **08144471218** Mode of Identification: National ID []
Driver's License [] International Passport [] Specify ID. Number: **08144471218**

PART 4: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐
MDS ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify): **General Services**

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: **[Signature]** Position: **Managing Director** Date: **05/12/2012**
Surname: **Fermi** First name: **Abimbola** Official Stamp (if any):