



EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

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
Mr. E. O. O. O.	Mr. E. O. O. O.	Mr. E. O. O. O.	19/11/2003	Male	Single	1	1/1/2023	1	Accountant	Abuja	FCT	Abuja	08001234567	08001234567	1	1	1	1	1	20,000
Mr. J. O. O. O.	Mr. J. O. O. O.	Mr. J. O. O. O.	4/9/2003	Male	Single	1	1/1/2023	1	Accountant	Abuja	FCT	Abuja	08001234567	08001234567	1	1	1	1	1	30,000
Mr. K. O. O. O.	Mr. K. O. O. O.	Mr. K. O. O. O.	24/6/2003	Male	Single	1	1/1/2023	1	Accountant	Abuja	FCT	Abuja	08001234567	08001234567	1	1	1	1	1	30,000
NSITF KAGANI BRANCH ACCOUNT UNIT ACHECKED Name: [Signature] Sign: [Signature] Date: 30/16/2023																				
NAF 2022 - DEC 223																				
20,000 x 12 = 240,000																				
240,000 x 19 months = 4,560,000																				
4,560,000																				

..... OF EARNINGS OF THE EMPLOYEES.

~~THE CONTRACTOR SHALL BE DULY COMPLETED AND SUBMITTED BY THE CONTRACTOR. THE CONTRACTOR SHALL BE DULY COMPLETED ANYTIME PAYMENT IS MADE.~~

SIGNATURE

NAME OF OFFICER.

FLDAG . G

POSITION...

20

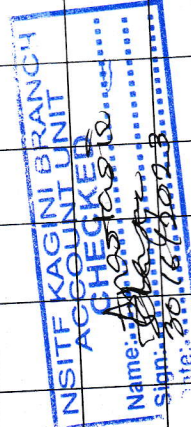


FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

EMPLOYEE NAME	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	
Mr. E. O. O. O.				15/11/2003	Male	Single				Accountant	Edo	Abalo	Ughelli	08031234567	08031234567	1	1	1	1	1	30,000	
Mr. J. O. O.				4/9/2003	Male	Single				Sec. Officer	Edo	Ughelli	Ughelli	08031234567	08031234567	1	1	1	1	1	30,000	
Mr. A. O. O.				24/6/2003	Male	Single				Accountant	Edo	Ughelli	Ughelli	08031234567	08031234567	1	1	1	1	1	30,000	
Total																						90,000



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 ANY TIME PAYMENT IS MADE.

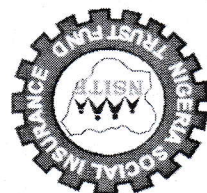
EMPLOYER SIGNATURE.....

NAME OF OFFICER.....

ELDAJ. G.

POSITION.....

M.D



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: **PRIMEF CONSULTANTS NIGERIA LIMITED**
2.2 Incorporation Number: **RC1928324**
2.3 Address: **HOUSE 4**
F.C.D.A. BUKURU COUNTRY CLUB
STATE: FCT
2.4 Postal Address: **NO. 4, WASSIE STREET F.C.D.A. KUBWA ABUJA**
2.5 Tel. No. 1: **09050817636**
2.7 Email: **ssbanyang@mail.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: **10/05/2024**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **GBANUFU** First Name: **IZMITOPE** Middle Name: **ELDAD**
Tel. Number: **09050817636** Mode of Identification: National ID. []
Driver's License [] International Passport [] Specify ID. Number: **001188217**

PART 4: BUSINESS SECTOR CATEGORIES:

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

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: **M.D** Position: **30/6/2023**

Surname: **GBANUFU ELDAD**

30/6/2023



FEDERAL REPUBLIC OF NIGERIA

Type / Type: P
Country Code / Code du pays: NGA

Surname / Nom: GBARUFU
Given Names / Prénoms: ELDAD TEMITOPE

Nationality / Nationalité: NIGERIAN

Date of Birth / Date de Naissance: 19 APR / AVR 05

Sex / Sexe: M Place of Birth / Lieu de Naissance: ABUJA

Date of Issue / Date de Délivrance: 13 SEP / SEPT 22

Time of Expiry / Date d'Expiration: 12 SEP / SEPT 27

Authority / Autorité: ABUJA HORS

Passport No. / N° du Passeport: 98177858350

ATN: A01554336

Previous Passport / Passeport Précédent

Passport No. / N° du Passeport: B01186217

Passport / Passeport

ECONOMIC COMMUNITY
OF WEST AFRICAN STATES
COMMUNAUTÉ ÉCONOMIQUE DES ÉTATS
DE L'AFRIQUE DE L'OUEST
COMUNIDADE ECONOMICA DOS ESTADOS
DA AFRICA DO ESTE

FEDERAL REPUBLIC OF
NIGERIA
RÉPUBLIQUE FÉDÉRALE DU NIGÉRIA
REPÚBLICA FEDERAL DA NIGÉRIA

PASSPORT
PASSEPORT
PASSAPORTE

