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 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
	ELDAD	REMILEKE	—	19/4/2005	M	SINGLE	—	—	—	ACCOUNTANT	EDO	AKOKO EDO	UNIMEDNEKUN	—	—	—	—	—	—	30,000
	VICTOR	EMIOLA	—	4/9/2003	M	SINGLE	—	—	—	SEC.	KOGI	DEKINA	OKENYI	—	—	—	—	—	—	30,000
	STELLA	O	—	24/6/2002	F	SINGLE	—	—	—	ANTIMBRA	AKWA	AKWA	AKWA	—	—	—	—	—	—	30,000

MAY 2022 — DEC 2023

90,000 X 1% = 900

900 X 19 months

= ₦ 17,100

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name:
Sign:
Date: 30/12/2023

90,000

M SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.

M SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

RISED SIGNATORY.....

NAME OF OFFICER..... ELDAD . G

POSITION..... M . D

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

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	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
	ELDAD	[illegible]	—	19/4/2005	M	SINGLE	—	—	—	ACCOUNTANT	EDO	AKOKO EDO	UNIMED NEKAN	—	—	—	—	—	—	30,000
	VICTOR	EKWOKA	—	4/9/2003	M	SINGLE	—	—	—	SEC.	KOGI	DEKINA	OKURA	—	—	—	—	—	—	30,000
	STELLA	O	—	24/6/2002	F	SINGLE	—	—	—	ACCOUNT	AKWA IBOM	AKWA	AKWA	—	—	—	—	—	—	30,000

MAY 2022 — DEC 2023

90,000 X 1% = 900

900 X 19 months

= ₦ 17,100

90,000

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: [illegible]
Sign: [illegible]
Date: 30/6/2023

M SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
M SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

RISED SIGNATORY.....

NAME OF OFFICER..... ELDAD . G

POSITION..... M . D

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

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: AZTEEF CONSULTANTS NIGERIA Limited

2.2 Incorporation Number: RC1928324 2.3 Address: HOUSE 4

Dr. Olashenk Street FCDA OWNER OCC PIGERIA

Local Govt.: BWARI State: FCT

2.4 Postal Address: NO 4. OGASENDE STREET FCDA KUBWA ABUJA

2.5 Tel. No. 1: Tel. No. 2: 09050817634

2.7 Email: Abaruftu@gmail.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: 10/05/2022

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: ABARUFU Middle Name: ELDAD

First Name: TEMITOPE Position:

Tel. Number: 09050817636 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [✓] Specify ID. Number: A01188217

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

CONSULTANCY & GENERAL CONTRACTOR

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

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

Surname: ABARUFU First name: ELDAD

30/6/2023

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

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

PASSPORT
PASSEPORT
PASSAPORTE

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport

Type / Type P
Country Code / Code du pays NGA
Passport No. / No Passeport B01186217

Surname / Nom
GBARUFU
Given Names / Prénoms
ELDAD TEMITOPE
Nationality / Nationalité
NIGERIAN
Date of Birth / Date de Naissance
19 APR / AVR 05
Sex / Sexe Place of Birth / Lieu de Naissance
M ABUJA
Date of Issue / Date de Délivrance
13 SEP / SEPT 22
Date of Expiry / Date d'expiration
13 SEP / SEPT 27
Authority / Autorité
ABUJA HQRS

Personal Number / Numéro Personnel
A01554336