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)

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 TLTLE	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	Chifuru		ADIDE	[illegible]	11 [illegible]	M	Single	100		[illegible]	Security	IMO	Ehime	Owerri	070 322 [illegible]	✓	NIC	[illegible]		3	3[illegible]
2	Moshood		Atkinson	✓	9/10/83	F	Single	200		[illegible]	Office Attendant	IMO	Ehime	Owerri	070 322 36(8)1	✓	NIC			3	3[illegible]
3	Chigoze		Nwa[illegible]	✓	5/[illegible]	F	Single	700		[illegible]	Office [illegible]	IMO	Ehime	Owerri	070 322 [illegible]	070 32[illegible]	NIC			7	3[illegible]
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.

NAME OF OFFICER.................................... POSITION....................................

AUTHORISED SIGNATORY....................................

ECS.RE.01a

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: PLUMBFIX NIG LTD

2.2 Incorporation Number: 1903134 2.3 Address: 409 AGUIYI IRONSI ROAD, MAITAMA [illegible]

Local Govt.: AMAC State: FCT, ABUJA

2.4 Postal Address:

2.5 Tel. No. 1: 08033406843 Tel. No. 2:

2.7 Email: chimobiplu[illegible]@yahoo.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:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: NWANKWEGU Middle Name:

First Name: NGOCHUKWU Position:

Tel. Number: 08033406843 Mode of Identification: National ID. [ ]

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

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:.................... Position: SECRETARY Date: 14/08/2022

Surname: NWANKWEGU First name: NGOCHUKWU Official Stamp (if any):........................

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: [illegible]	Surname: NWANAJU	Address: PLOT 524 PHASE 2	
NIN: [illegible]	First Name: UGOCHUKWU		
	Middle Name:		
	Gender: M	KARU-SITE FC	

Note: The *National Identification Number (NIN) is your identity.* It is confidential and may only be released for legitimate transactions. You will be notified when your National Identity Card is ready. (for any enquiries please contact)

helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Commission [illegible] Street, Zone 5 Wuse, Abuja Nigeria

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