

## **FEDERAL REPUBLIC OF NIGERIA**

# NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

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

5	9	∞	7	6	ъ	4	ω	2	ш	S/N
					Klob		mud		D. Contraction	EMPLOYEE FIRST NAME
					tot		& Norm		0	EMPLOYEE MIDDLE NAME
					2		The state of the s			EMPLOYEE LAST
					9	\	150	,	35	
			2 1 4		Lower States		36		West of	EMPLOYEE ADDRESS
			1	1	8-0				S is	DATE OF BIRTH
A se so				<del>-</del>			23		2	GENDER
				P	The same		Ton	8	The state of the s	MARRITAL STATE
				0						EMPLOYEE ID
		2)	0	02						EMPLOYMENT DATE
			(N)		,					EMPLOYEE EMAI
		g								JOB TLTLE
			300	9	5	a 1				STATE OF ORIGIN
A.c	0	*	5	7						L.G.A
	JE F		8		0			1		TOWN
E/		B			O .	sa e p				CONTACT PHONE
			7		()					ALTERNATE NUMBER
	23	1			00	a sw				MEANS OF IDENTITY
										MEANS ID ISSUED STATE
				11						NEXT OF KIN
			_	1/4	188		30/1		10	NO. OF DEPENDANTS SALARY, MONTHL
				8	1/2		De		200	

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.

down thraham Director



## 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)

declaration is an offence and is punishable under sand
PART 1: TYPE OF BUSINESS (Mark 'X' as Appropriate)
Public/Private Limited Company ( )
Public/Private Limited Company [ ] Informal Sector Employer [ ] Partnership [ ] Sole Proprietorship [ ]  PART 2: ORGANIZATION/EMBLOYER
PART 2: ORGANIZATION/EMPLOYER INFORMATION:
2.1 Employer Name: PRME 30 DE 1
2.2 Incorporation Number: A 1 2014 D 2
2.3 Address:
Local Govt.: Amin Guy
2.4 Postal Address: State:
2.5 Tel. No. 1: OFOSARIAR REPORTED THAT THE PROPERTY OF THE PR
2.7 Email: Price 198 Sally De March 1
2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [ ]. If "Yes", fill attached form (ECS RE01b)
2.9 Year of Establishment/Incorporation: No [ ]. If "Yes", fill attached form (ECS RE01b)
PART 3: PARTICULARS OF CONTACT PERSON
3.1 Surname:
First Name: Middle Name: Dlabiss
Tel. Number: Position:
Driver's License [ ] International Passport [ ] Specify ID. Number:
PART 4: BUSINESS SECTOR CATEGORIES:
Construction Mining Banking 8 5:
MDAs Manufacturing Aviation
Finergy Telecom Out
PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:
I certify that the above particulars are correct
Signature or Thumbprint
Position: 18-cet 28 Date: 05/04/2-23
Surname: First name: DLaDiss' Official Stamp (if
Tel: + 234-92918900; + 234-7031781614; email: info@nsitf gov pg. velocity

Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng



### **National Identity Management System**



**Federal Republic of Nigeria National Identification Number Slip (NINS)** 

Tracking ID:	S7Y0NYFIC000CIP	Surname:	ADESANMI	Address: PLOT 4, UNITY STREET,ODK JUNCTION	
NIN:	93655930376	First Name:	OLUWASEUNFUNMI	ALAKIA	77. 3
		Middle Name	: ANNIE		A
, a		Gender:	F	IBADAN Oyo	



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** 

11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria