ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

PROSFINA INTERNATIONAL LTD

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
01	FRIDAY	INI-OBONG	12-04-82			M	₦30,000		
02	KINGSLEY	ESAN	13-04-94			M	₦30,000		
03	AYEGBA	FIDELIS	23-09-84			M	₦30,000		
						Sub/Grand Total:	90,000		

Nov 2022 - Dec 2023
900 x 14 months
12,600
11/01/23

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official: FRIDAY I Position: M/D Signature/Date: 11-01-2023

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)

PROSFINA INTERNATIONAL LTD

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	INI-O BONG	FRID A-Y	ESAU	No 8 goodness Avenue [illegible]	12-04 1984	Male	married	001	30/11 2022		Akwa Ibom		Abak LGA		080[illegible] 3237		NIN		[illegible] M1	3	₦30,000
2																				3	
3	KINGSLY	ESAU		No3 Su lakes [illegible] Edo.	13-04 1984	Male	married	002	01/12 2022		Edo State		Esan LGA		09060 6886 17		NIN		Linda English	2	₦30,000
4																					
5	A/ESBA	FIDELIS	FEDINAND	22 b[illegible] the street wuse 2	23-09 1982	Male	married	003	20/12 2022		Kogi State		Ankpa LGA		0908 26091 341		NIN		Mercy Fidelis	2	₦30,000
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.

AUTHORISED SIGNATORY…………… *NAME OF OFFICER……………* *POSITION……………*

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: PROSFINA INTERNATIONAL LTD

2.2 Incorporation Number: 1995579

2.3 Address: NO 1 Goddess AVENUE, KUBWA

Local Govt.: AMAC State: FCT

2.4 Postal Address:

2.5 Tel. No. 1: 08037663237 Tel. No. 2:

2.7 Email: blessedman@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: FRIDAY Middle Name: ESAU

First Name: INI OBONG Position: M/D

Tel. Number: 08037665743 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number: 49964928773

PART 4: BUSINESS SECTOR CATEGORIES:

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

MDAs [ ] 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:..... Position: M/D Date: 11-01-2023

Surname: FRIDAY First name: INI-OBONG Official Stamp (if any):.....

National Identity Management System

Federal Republic of Nigeria

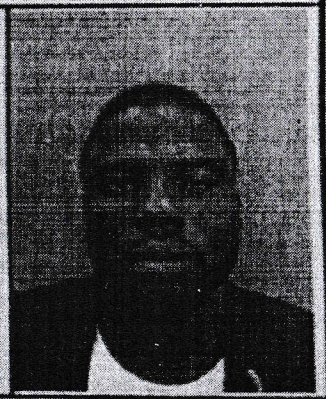
National Identification Number Slip (NINS)

cking ID: STY000ZTY000IWG	Surname: FRIDAY
l: 49649287723	First Name: INIOBONG
	Middle Name: ESAU
	Gender: M

Address:
NO.22 BLATYRE STREET

WUSE

FC



te: The *National Identification Number (NIN) is your identity.* It is confidential and may only be released for legitimate transactions.

u 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