



# Registration of Employer

Section 39(1)

(Employees' Compensation Act, 2010)

Mark 'X' as Appropriate  
Public/Private Companies ☒ Informal Sector Employer ☐ Partnership ☐ Sole Proprietorship ☐ Others (please specify) ☐

## PART 1: PARTICULARS OF BUSINESS (for MDAs, public and private companies):

1.1 Employer Name: PSD EXCEPTIONALS LIMITED  
1.2 Incorporation Number: RC 717517  
Street Name: MATAMA SABA KUBWA  
City: KUBWA  
State: FCT-ABUJA  
1.3 Address: Street Number: Block 65  
1.4 Postal Address:  
1.5 Tel Number: 09013554546  
1.6 Fax Number:  
1.7 Email: mrc.mcanthony@gmail.com  
1.8 Does Employer operate in other locations? Yes ☐ No ☒ 1.9 If yes give details:

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes ☐ No ☐

1.11 Did business start prior to the Act? Yes ☒ No ☐

## PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: MENI  
First Name: CHUKWUEBUKA  
Middle Name: MAC-ANTHONY  
Position:  
Tel. Number: 09013554546  
Mode of identification: National I.D. ☒ or Drivers Licence ☐ or International Passport ☐ Specify ID. Number:  
PART 3: BUSINESS SECTOR CATEGORIES:

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

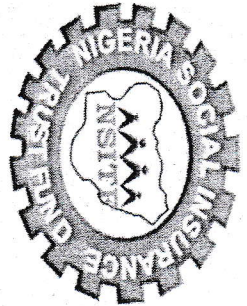
## PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print:   
Position: MD/CEO  
Date: 23/11/2023

Surname: MENI  
First Name: CHUKWUEBUKA  
Official Stamp (if any):

Tel: + 234-9-2911810; + 234-9-2911811; email: info@nsiff.gov.ng; website: www.nsiff.gov.ng



DSD EXCEPTIOWALS LIMITED  
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)

JAN 2020 - DEC

| 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 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 |
|-----|---------------------|----------------------|--------------------|------------------|---------------|--------|-----------------|-------------|-----------------|----------------|-----------|-----------------|-------|------|-------------------|------------------|-------------------|-----------------------|-------------|-------------------|-----------------|
| 1   | Theresa             | Nguma                | Odili              |                  |               | F      |                 |             |                 |                | ED        | Anambra         |       |      | 08034482383       |                  |                   |                       |             |                   | 209             |
| 2   | Emmanuel            | Ikemba               | Odili              |                  |               | M      |                 |             |                 |                | Sec       | Anambra         |       |      | 0802393440        |                  |                   |                       |             |                   | 209             |
| 3   |                     |                      |                    |                  |               |        |                 |             |                 |                |           |                 |       |      |                   |                  |                   |                       |             |                   |                 |
| 4   |                     |                      |                    |                  |               |        |                 |             |                 |                |           |                 |       |      |                   |                  |                   |                       |             |                   |                 |
| 5   |                     |                      |                    |                  |               |        |                 |             |                 |                |           |                 |       |      |                   |                  |                   |                       |             |                   |                 |
| 6   |                     |                      |                    |                  |               |        |                 |             |                 |                |           |                 |       |      |                   |                  |                   |                       |             |                   |                 |
| 7   |                     |                      |                    |                  |               |        |                 |             |                 |                |           |                 |       |      |                   |                  |                   |                       |             |                   |                 |
| 8   |                     |                      |                    |                  |               |        |                 |             |                 |                |           |                 |       |      |                   |                  |                   |                       |             |                   |                 |
| 9   |                     |                      |                    |                  |               |        |                 |             |                 |                |           |                 |       |      |                   |                  |                   |                       |             |                   |                 |
| 10  |                     |                      |                    |                  |               |        |                 |             |                 |                |           |                 |       |      |                   |                  |                   |                       |             |                   |                 |

MO/KEO

# PSD EXCEPTIONALS LIMITED

JULY 2011 - DEC 2019



FEDERAL REPUBLIC OF NIGERIA  
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)  
EMPLOYEES' COMPENSATION ACT, 2019  
Employees' Schedule of Payments

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

| S | Employee N First Name | Employee Middle Name | Employee Last Name | Employee Address | DOB | Gender | Marital Status | Employee ID | Employment Date | Employee Email | Job Title | State of Origin | Local Government Area | Town | Contact Phone | Alternate Phone | Means of Identity | Means of Identity Number | Means of Identity Issue State | Next of Kin | Next of Kin Number | NO of Dependents |
|---|-----------------------|----------------------|--------------------|------------------|-----|--------|----------------|-------------|-----------------|----------------|-----------|-----------------|-----------------------|------|---------------|-----------------|-------------------|--------------------------|-------------------------------|-------------|--------------------|------------------|
| 1 | Theresa               | Nguna                | Odele              |                  |     | F      |                |             |                 |                | ED        | Anambra         |                       |      | 08034083345   |                 |                   |                          |                               |             |                    |                  |
| 2 | Emmanuel              | Ifeanyi              | Odele              |                  |     | M      |                |             |                 |                | SEC       | Anambra         |                       |      | 08123527150   |                 |                   |                          |                               |             |                    |                  |
| 3 |                       |                      |                    |                  |     |        |                |             |                 |                |           |                 |                       |      |               |                 |                   |                          |                               |             |                    |                  |
| 4 |                       |                      |                    |                  |     |        |                |             |                 |                |           |                 |                       |      |               |                 |                   |                          |                               |             |                    |                  |
| 5 |                       |                      |                    |                  |     |        |                |             |                 |                |           |                 |                       |      |               |                 |                   |                          |                               |             |                    |                  |
| 6 |                       |                      |                    |                  |     |        |                |             |                 |                |           |                 |                       |      |               |                 |                   |                          |                               |             |                    |                  |

Authorized Signatory: [Signature] Name of Officer: Meni M. Chukwube Position: MD/CEO

FEDERAL REPUBLIC OF NIGERIA  
DIGITAL NIN SLIP

SURNAME/NOM  
MENI

GIVEN NAMES/PRENOMS

MAC ANTHONY, CHUKWUEBUKA

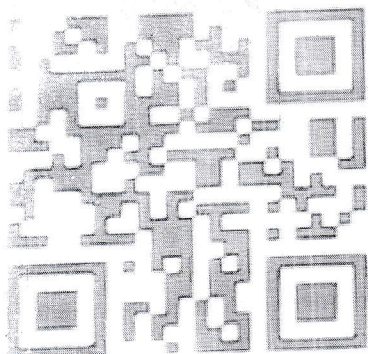
DATE OF BIRTH  
SEX/SEXE

04 NOV 1987

M

ISSUE DATE  
18 OCT  
2023

NGA



National Identification Number (NIN)  
3706 330 8601

