(Employees' Compensation Act, 2010)

Registration of Employer

Section 39(1)

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: RC717517 1.3 Address: Street Number: BLOCK 65

Street Name: MATAMA SABO KUBWA City: KUBWA

Local Govt: BWARI State: FCT-ABUJA

1.4 Postal Address:

1.5 Tel Number: 09013554546 1.6 Fax Number:

1.7 Email: mmerimcanthony@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 Middle Name: MAC-ANTHONY

First Name: CHUKWUEBUKA 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):.....

GENERAL CONTRACTS

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: MD/CEO Date: 23/10/2023

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

PSD EXCEPTIONALS LIMITED

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

JAN 2020 – DE

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	Theresa	Ugunna	Odili			F					ED	Anambra			08034852345						30
2	Emmanuel	Ifeanyi	Odili			M					SE	Anambra			08023937490						30
3																					
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.

MD/CEO

PSD EXCEPTIONALS LIMITED

JULY 2011 - Dec' 2019

FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)
Employees' Schedule of Payments

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

SN	Employee 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 Dependants
1	Theresa	Ugunna	Odili			F					ED	Anambra			08034083345							
2	Emmanuel	Ifeanyi	Odili			M					SEC	Anambra			08023931950							
3																						
4																						
5																						
6																						

Authorized Signatory:..... *Name of Officer:* Meni M. Chuknuebuka *Position:* MD/CEO

FEDERAL REPUBLIC OF NIGERIA

DIGITAL NIN SLIP

SURNAME/NOM

MENI

GIVEN NAMES/PRENOMS

MAC ANTHONY, CHUKWUEBUKA

DATE OF BIRTH

04 NOV 1987

SEX/SEXE

M

NGA

ISSUE DATE

18 OCT 2023

National Identification Number (NIN)

3706 330 8601