

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: Deborah's Perfect Day
2.2 Incorporation Number: 1234567890
2.3 Address: 123 Main Street, Lagos
2.4 Postal Address: 123 Main Street, Lagos
2.5 Tel. No. 1: 0123456789
2.6 Tel. No. 2: 0123456789
2.7 Email: info@perfectday.com
2.8 Does Employer have other branches and subsidiaries? Yes [] No [X]
2.9 Year of Establishment/Incorporation: 2010

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: John
First Name: Deborah
Tel. Number: 0123456789
Mode of Identification: National ID [] International Passport [] Specify ID Number: 1234567890
Position: Owner
Middle Name: Deborah

PART 4: BUSINESS SECTOR CATEGORIES:

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

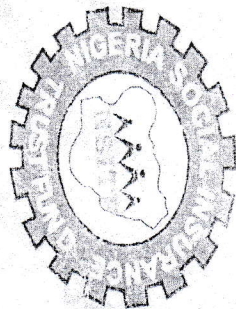
PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: [Signature]
Position: Owner
Date: 18/01/2010

Surname: John
First name: Deborah
Official Stamp (if any): [Stamp]

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



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 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
1	Geoff		Dani	206 Danmar		M	M	001	002		STAFF	Kogi	Kogi	Kogi						
2	Sunday		Dan			M	M				STAFF	Kogi	Kogi	Kogi						
3																				
4	Okun		biom			M	M													
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

M.D

POSITION

18/11/2018

		National Identity Management System Federal Republic of Nigeria National Identity Number Slip (NINS)					
Tracking ID: H8XGP98WID00015X		Surname: ADYEHI		Address: BEHIND MADAM EDO STREET BYAZHIN ACROSS, KUBWA ABUJA			
NIN: 32415067539		First name: ESHE					
		Middle name: SUZAN					
		Gender: F					
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.ninm.gov.ng		www.ninm.gov.ng		0700-CALL-NINM 0700-2255-646		National Identity Management Commission 11, Sokode Crescent, Off Dababa Street, Zone 5 Wuse, Abuja Nigeria	