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)

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: RHEEMAH ENERGY CAPITAL LTD

2.2 Incorporation Number: IBB 7377

2.3 Address: BLK 40 Dauchi Road

Local Govt.: AMAC State: FCT ABUJA

2.4 Postal Address:

2.5 Tel. No. 1: 08144447216 Tel. No. 2:

2.7 Email: rheemahgmail.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: MAY 2016

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Rahma Middle Name: Sheidy

First Name: Ommazoba Position:

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

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

PART 4: BUSINESS SECTOR CATEGORIES:

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

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify):....

General Services

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: Manager Date: 4/6/24

Surname: Sheidy First name: Rahma Official Stamp (if any):.....

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)

RHEMA# ENERGY CAPITAL 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 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	RAHEEM																				
2		Sheidu	OJO	May2016	1/1/75	Female	Married	REC 002	July 2016		DMS	Kogi	Adavi	Ebo			DL	FCT			30,000
3																					
4	Sheidu	Muhammed	Fatima	May2016	01/01/80	Female	Married	REC002	June 2016		Accounts	Kogi	Adavi	Ebo			DL	FCT			30,000
5																					
6																					
7	Sheidu	Nasiru	OJO	May2016	1/1/2001	Male	Married	REC003	June 2016		Admin	Kogi	Olamaboro	Olamaboro	08078044229		DL	FCT			30,000
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.

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).

RHEMAH ENERGY CAPITAL LTD

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Rahmah	Shehu	11/4/81	OLD	—	Female	20,000		
	June 2016 – Dec 2019								
	43 Months x 20,000 = 860,000								
						Sub/Grand Total:	20,000		

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: Rahimat S. Position: Accountant Signature/Date: 15/6/20

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

Type / *Type*
P

Country Code / *Code du pays*
NGA

Passport No. / *Passeport N°*
A10670234

Surname / *Nom*
OSHOGWE

Given Names / *Prénoms*
KENNETH

Nationality / *Nationalité*
NIGERIAN

Previous Passport / *Précédente Passeport*
A05701833

Date of Birth / *Date de naissance*
13 OCT / OCT 65

Personal No. / *N° personnel*

Sex / *Sexe* Place of Birth / *Lieu de naissance*
M BENIN-CITY

Authority / *Autorité*
IKOYI LAGOS

Date of Issue / *Date de délivrance*
19 JUN / JUN 19

Holder's Signature / *Signature du Titulaire*

Date of Expiry / *Date d'expiration*
18 JUN / JUN 24

P<NGAOSHOGWE<<KENNETH<<<<<<<<<<<<<<<<<<<<<<<<

A10670234<NGA6510134M2406189<<<<<<<<<<<<<<04