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)

RICHSTREAM CONCEPTS LIMITED

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	FATIMA	OIZA	IDRIS	Duste	19/5/20	F	SINGLE	001	02/11/22		SECRETARY	KOGI	ADAVI	KAMLORD			NIN	ABUJA			3
2	NAZIL	MUHAMMED	IBRIS	Duste	10/1/04	M	SINGLE	002	01/11/22		ADMIN	KOGI	OKENE	OKENE			NIN	ABUJA			3
3	SALMAT	ONIZA	IDRIS	Bmuko pri sch	20/8/07	F	SINGLE	003	01/11/22		ADMIN	KOGI	OKENE	OKENE			NIN	ABUJA			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.

AUTHORISED SIGNATORY..... 24/2/2023 *NAME OF OFFICER*..IDRIS MAJABI *POSITION*..CEO.....

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: RICH STREAM CONCEPTS LIMITED

2.2 Incorporation Number: 2000403

2.3 Address: NO 1 SKY MEMORIAL COMPLEX WUSE ZONE 5

Local Govt.: AMAC State: FCT

2.4 Postal Address: NIL

2.5 Tel. No. 1: 08036897240 Tel. No. 2:

2.7 Email: alldgroup@gmail.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: 16 NOV 2022

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: MAJABI Middle Name: OGEREVA

First Name: IDRIS Position: CEO

Tel. Number: 08036897240 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number: 44424628988

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

GENERAL CONTRACT

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

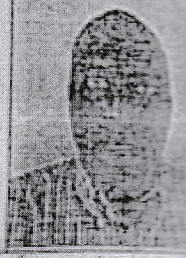
Signature or Thumbprint:..... Position: Secretary Date: 24/2/2023

Surname: SAMUEL First name: SARAH Official Stamp (if any):.....

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: BEY0007Q90001YU	Surname: MAJABI	Address: NO 42 NATIONAL ELECTRIC POWER AUTHORITY STREET ZONE 4	
NIN: 44424628988	First Name: IDRIS		
	Middle Name: OGEREVA	DUTSE-ALHAJI	
	Gender: M	FCT Abuja	

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

You 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 Ondo Street, Zone 5 Wuse, Abuja