

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)

A . Z'Z	5 5		A settlement of the settlement	
THIS FORM SHOULD BE DUTHIS FORM SHOULD BE CO	0 00	7 6 5	4	N S/N
ORM ORM RISE	1		()	EMPLOYEE FIRST
S G: SHS:		1-1-		S S NAME
evr ort	1 1 0	17 5	1 2	2 27
D BE D BE	1	100	3	2 8
COL	1	1/2 1/2	The second second second	55
WPL	1/2	2010	1	
ETEL	1 . 17 //	6 / C 7		1 1 1
EJ &	18	70/12		
A GE	The state of the s			MPLOYEE LAST
NE P.			1 5	NAME
A SE		1	7 12	EMPLOYEE LAST NAME
EN S			2 de	
. 18 V		10	7	EMPLOYEE
1AD			TXD	ADDRESS
E. HE E		1 7, 1	ST	
, MPI			1	Chart of NOTE
340		}	0	DATE OF BIRTH
77 77		1 4	12	La La
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	2 2 1 1 A		m[ann B	
AA FE			7	
WE C	100		0	CA MARRITAL STATUS
DF O	0			~ ~
FFIC				EMPLOYEE ID
FLECT THE ESTIMATE O	X		Cry	92 91
) OF E			(7)	
ARN			(4/2,	DATE
- ING	FA		/2,	(3) (4)
80	1	N	X	EMPLOYEE EMAIL
Z = .			36	3 900
EM	2		1	- +
700		141		S JOB TLTLE
2 16	2		7	7 2
5	. 20	101	100	STATE OF ORIGIN
``	. 2		En	Sil
	00		19	
	11 1		to a	L.G.A
,	1, 1	1	4	
OSII				// TOWN
NOI	12 100		1	The YES
POSITION			1 1 6	
	(N)		100	CONTACT PHONE NO.
4.			7	
13	110	1	a a h	13 MS ALTERNATE
	Wa	- 6	DO CIN	NUMBER
1 [7/10	-V	an	MEANS OF
	76		1 2	IDENTITY
· A 1 4	E (2)		72	
1/0/	MILI		127	MEANS ID ISSUED STATE
(h)	M		1	CA STATE
			876	NEXT OF KIN
(1)			1506	they long
90			11	NO OF PERSON
0		02 SEL 45 00 F		NO. OF DEPENDANTS
10			0	SALARY, MONTHLY
to	م ا		30/4 3	Ma Base
	2) 1	Control of the Contro	21	74 36
				The state of the s



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)

Controller & Name				- inprojer a reamon	-		
SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH OLD STAFF (TICK)	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	TOTAL MONTHLY EARNINGS NAIRA KOBO
moder	STARTON T		6				18 500 00
Massin	Laggaro		5				1
sobur	Langerow		2.97				181 CE
	•			•			٠.
	1)		
		MM Ma		2	7.1)	
				,			
		1	1001	2	0		
				200	-	7	
	16 × 0173	was a las		100	7-3		
			100	1	#		-
			1	tex			
į.	by the employer/mme-stately after recistration to reflect the estimate of earnings of the employees.	the estimate of earnings of the emolovees	•	to	1)	SAN
This form should be completed any time pay this	•	·		3	1		2
Authorized Signatory:		Name of Officer:	1813	+	Position:	,	0

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)

Registration of Employer

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: 1.2 Incorporation Number: Street Name: Local Govt: 1.4 Postal Address: 1.5 Tel Number: 1.6 Fax Number: 1.7 Email: 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: Middle Name: Position: Position: Tel. Number: Description: Number: Specify ID. Number: Specif
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:
Signature or Thumb Print: Position: Position: Date: Official Stamp (if any):