



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	SS	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	Godwin		Adeniran		14/01/2001	M	S	2020	14/01/2001	godwinadeniran@gmail.com	P.R	Lagos	Shomolu	08180000000	08180000000	✓	✓	✓	Godwin Adeniran	1	300,000
2	Walter		Adeniran		01/01/2001	M	S	2020	01/01/2001	walteradeniran@gmail.com	P.R	Lagos	Shomolu	08180000000	08180000000	✓	✓	✓	Walter Adeniran	1	300,000
3	Olumide		Adeniran		01/01/2001	M	S	2020	01/01/2001	olumideadeniran@gmail.com	P.R	Lagos	Shomolu	08180000000	08180000000	✓	✓	✓	Olumide Adeniran	1	300,000
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

NAME OF OFFICER

POSITION

Registration of Employer

Public/Private Companies [] Informal Sector Employer [] Partnership []
Sole Proprietorship [] Others (please specify) []

[illegible]

1.2 Incorporation Number: [] [] [] [] [] [] [] [] 1.3 Address: Street Number: [] [] [] [] [] [] [] []

Street Name: ANDERSON CLOSE City: ANDERSON - FARMER

Local Govt:

A	M	N	A						
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 State:

F	C	T							
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1.4 Postal Address:

1.5 Tel Number: 180 322 6224 1.6 Fax Number:

1.7 Email: janet@sf.gov

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 []

2.1 Surname: [A][D][I][T][I][Y][A] Middle Name:

2) Surname: WILLIAM DEN Middle Name: ...
First: WILLIAM DEN Position: ...

First Name: JOHN A. ALLEN Position: SA

Tel. Number: 070322624 Mode of identification: National I.D. ☐ or Drivers Licence ☐ or

International Passport [] Specify ID. Number:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐

MDAs ☐ Oil & Gas ☐ Agriculture ☒ Energy ☐ Telecom ☐ Others (please specify): _____

(5) Entscheidungsfindung

I certify that the above particulars are correct

Signature or Thumb Print: _____ Position: _____ Date: _____

Surname: _____ First Name: _____ Official Stamp (if any): _____