April – December 2024

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 56 OF THE ECA 2010)

9 Month

ROSE ZENITH INTEGRATED CO. INT'L 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 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	Ogbalube'	Ojifo	Smart	Dooo Way Moccorchy	1987	M	M	[illegible]	2024	/	Rep	Benue	Makurdi	Makurdi	/	/	NIN	Benue	/		
2	Ogbalube'	Blessed	Mark	[illegible]	1992	F	M	002	2024	/	Admin	Benue	Makurdi	Makurdi	/	/	NIN	Benue	/		
3	Andrew	Isaac	Isaac	Lugbe Abuja	1990	M	M	003	2024	/	Sec	Delta	Asaba	Asaba	/	/	NIN	Benue	/		

20,…

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: Ogbalube Ojifo Smart POSITION: Rep

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: ROYAL ZENITH INTEGRATED CO. NIG LTD

2.2 Incorporation Number: RC743788 2.3 Address: plot 12B Alese Street Wuse 2

Local Govt.: AMAC State: FCT

2.4 Postal Address: Same As Above

2.5 Tel. No. 1: 08069500843 Tel. No. 2:

2.7 Email: royalzenithintegrated@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:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Ogbaluke Middle Name: Smart

First Name: Ofr Position: Rep

Tel. Number: 08069500843 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 Contractor

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: ..... Position: Rep Date: 9/6/22

Surname: Ogbaluke First name: Ofr Official Stamp (if any):

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: S6DWV3HFSO0083Q	**Surname:** BAZUAYE	**Address:** A004 A2 STREET NICON TOWN ESTATE	
NIN: 68339488826	**First Name:** CECELIA		
	Middle Name: EMMA		
	Gender: F	LEKKI LA	

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@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	**National Identity Management Commission** 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria