

Abdul Gbemile SOF

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY MISSING INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 41 OF THE FCA 2010)

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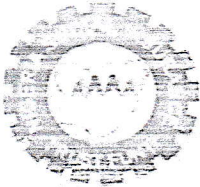
S/N	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	SEX	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TITLE	STATE OF ORIGIN	LGA	TOWN	CONTACT PHONE	ALTERNATE NUMBER	MEANS OF IDENTITY	ISSUING STATE	NAME OF KIN	NAME OF DEPENDANTS	SALARY, MONTHLY
1	Abubakar		Abubakar	2000 Wg	1987	M	M	003	22/7	/	Rep	Benue	Makurdi	Makurdi	/	/	NIN	Benue	/	/	/
2	Bless		Mary	2000 Wg	1992	F	M	002	22/7	/	Admin	Benue	Makurdi	Makurdi	/	/	NIN	Benue	/	/	/
3	Isaac		Isaac	2000 Wg	1990	M	M	003	22/7	/	Sec	Benue	Makurdi	Makurdi	/	/	NIN	Benue	/	/	/

THIS FORM SHOULD BE DAILY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEE.
THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

NAME OF OFFICER

Abubakar SOF

POSITION



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. NP L LTD
 2.2 Incorporation Number: RC7437838 2.3 Address: Plot 12B
Alfoe Street
 Local Govt.: AMAC State: RC
 2.4 Postal Address: Same as above
 2.5 Tel. No. 1: 08069500843 Tel. No. 2:
 2.7 Email: royalzenithintegratedco@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: Ogbahle Middle Name: Smart
 First Name: Or 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):

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: [Signature] Position: Rep Date: 9/10/17

Surname: Ogbahle First name: Or Official Stamp (if any):



National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)



Tracking ID: S6DWV3HFS00083Q	Surname: BAZUAYE	Address: A004 A2 STREET NICON TOWN ESTATE	
NIN: 68339488826	First Name: CECELIA		
	Middle Name: EMIMA		
	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@ninc.gov.ng	www.ninc.gov.ng	0700-CALL-NINC (0700-2255-616)	National Identity Management Commission 11, Sokode Crescent, Off Calaba Street, Zone 5 Wuse, Abuja Nigeria
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