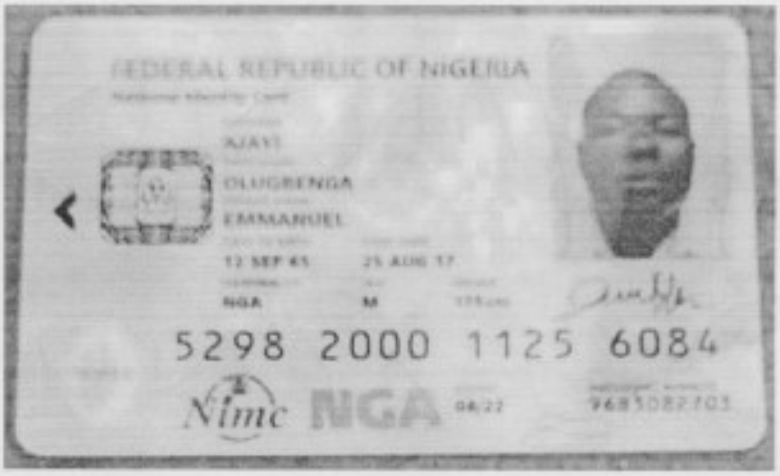
FEDERAL REPUBLIC OF NIGERIA
AJAYI
OLUGBENGA
EMMANUEL
12 SEP 65
25 AUG 17
NGA
M
5298 2000 1125 6084
Nimc
NGA
04/22
9683082703


372
MasterCard
I<NGA9683082703<<<<<<<<<<<<<<<
6509125M2208316NGA<<<<<<<<<<<8
AJAYI<<OLUGBENGA<EMMANUEL<<<<<

NIGERIA SOCIAL INSURANCE TRUST FUND

(Employees' Compensation Act, 2010)

Employers' Schedule of Payments

(Section 40(1)(d) of the Act)

Employer's Name: ROYAL ROYALTY IDEAL LIMITED

Employer's NSITF No. ....

EMPLOYEE

S/N	SURNAME	FIRST NAME	MIDDLE NAME	GENDER (M/F)	EMPLOYEE ID NUMBER	EMPLOYEE DATE OF EMPLOYMENT	DATE OF BIRTH	STATE OF ORIGIN	LGA	TOWN	CONTACT PHONE NUMBER	ALTERNATE PHONE NUMBER	MEANS OF IDENTIFICATION (DRIVER'S LICENSE, INTL. PASSPORT, NATL. ID)	STATE OF RESIDENCE	ADDRESS OF EMPLOYEE	JOB TITLE	MARITAL STATUS	NUMBER OF PRIMARY DEPENDANT(S) SPOUSE & CHILDREN	TOTAL MONTHLY EARNINGS NAIRA	KOBO	
1	[illegible]	[illegible]	[illegible]	M	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		NIN	[illegible]	[illegible]	MD	MARRIED	[illegible]	[illegible]		
2	[illegible]	[illegible]	[illegible]	M	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		NIN	[illegible]	[illegible]	[illegible]	SINGLE	[illegible]	[illegible]		
3	[illegible]	[illegible]	[illegible]	M	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		VOTERS CARD	[illegible]	[illegible]	SUPERVISOR	MARRIED	[illegible]	[illegible]		
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21																					
22																					
	SUB/GRAND TOTAL																		90,000.00		

ACCTS

July 2017 - Dec 2019
₦16,200 + Jan 2020 - Dec 22
= 32,400
₦48,600

Jan 2020 - Dec 2022
= ₦36mths @ ₦900 = 900 x 36
= ₦32,400.00

11/03/22

This form should be duly completed and submitted by the employer immediately after registration to reflect the contents of earnings of the employees. This should be completed everytime payment is made.

Authorised Signatory..................

Name of officer: [illegible] Position .... Date: 11/03/22

NIGERIA SOCIAL INSURANCE TRUST FUND

Employees' Compensation Act, 2010

Employers' Schedule of Payments

Employer's Name ROYAL ROYALTY IDEAL LIMITED

Employer's NSITF No. ____________

S/N	SURNAME	FIRST NAME	MIDDLE NAME	GENDER (M/F)	EMPLOYEE ID NUMBER	EMPLOYEE DATE OF EMPLOYMENT	DATE OF BIRTH	STATE OF ORIGIN	LGA	TOWN	CONTACT PHONE NUMBER	ALTERNATE PHONE NUMBER	MEANS OF IDENTIFICATION (DRIVER'S LICENSE, INT'L PASSPORT, NAT'L ID)	STATE OF ISSUANCE	ADDRESS OF EMPLOYEE	JOB TITLE	MARITAL STATUS	NUMBER OF PRIMARY DEPENDANTS (SPOUSE & CHILDREN)	TOTAL MONTHLY EARNINGS NAIRA	KOBO
1	[illegible]	[illegible]	[illegible]	M	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MD	MARRIED	3	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	M	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	SINGLE	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	[illegible]	M	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		VOTERS CARD	[illegible]	[illegible]	SUPERVISOR	MARRIED	[illegible]	[illegible]	[illegible]

SUB/GRAND TOTAL [illegible]

Accts

July 2017 – Dec 2019

= 30mths @ 1% = 540x30

= ₦16,200.00

11/03/22

000 x 0.01

ADEOJO [illegible] 11/03/22

Name of Officer ____ Position ____ Date ____

This form should be duly completed and submitted by the employer [illegible]

Authorised Signature ____________

ECS.RE01

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

Section 39(1)

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: ROYAL ROYALTY IDEAL LIMITED

1.2 Incorporation Number: RC 1479946 1.3 Address: Street Number:

Street Name: PLOT 95, OPP. SAWMILL City: AKURE ADO-ROAD

Local Govt: AKURE. State: ONDO

1.4 Postal Address: P. O. BOX 3803 AKURE

1.5 Tel Number: 08023226500 1.6 Fax Number:

1.7 Email: ROYALHOUSE2020@YAHOO.COM

1.8 Does Employer operate in other locations? Yes [✓] No [ ] 1.9 If yes give details: ABUJA. LUBGE

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [✓] No [ ]

1.11 Act? Yes [✓] No [ ]

PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: ADAMU Middle Name: OLUGBENGA

First Name: EMMANUEL Position: MD

Tel. Number: 08023226500 Mode of identification: National I.D. [✓] or Drivers Licence [ ] or International Passport [ ] Specify ID. Number:

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:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: CONSULTANT Date: 11/03/2022

Surname ADEOJO First Name: SAMUEL Official Stamp (if any): .....