



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

(Any wrong information/declaration is an offence and is punishable under section 35, 40 and 65 of the ECA 2010)

S N	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DO B	Ge nd er	Mari tal Stat us	Employee ID	Employee nt Date	Employee Email	Job Title	State of Origin	Local Governme nt Area	Town	Cont act Phon e	Alter nate Phon e	Means of Identify r	Means of Identify Issue State	Next of Kin	Next of Kin Number	NO of Dependant s	Monthly Remunerati on
1	KELVIN	UWETH	CHINEDY	100 SAINT MICHAEL ROAD, ABBA, ABOKA STATE	18/12/1984	MALE	MARRIED	R.P 001	14/05/89		M.D	ABOKA	UNWUATTA SOUTH	UNWUATTA	07035481522		DRIVER LICENCE		MRS MARSHA		3	30,000
2	QUINCY	MARSHA	NWANNE	100 SAINT MICHAEL ROAD, ABBA, ABOKA STATE	05/14/89	FEMALE	MARRIED	R.P 002	04/6/2021		Accountant	ABOKA	UNWUATTA SOUTH	UNWUATTA								30,000
3	QUINCY	EZE	MICHAEL	100 SAINT MICHAEL ROAD, ABBA, ABOKA STATE	05/02/94	MALE	SINGLE	R.P 003	07/04/2022		ADMIN	ABOKA	UNWUATTA SOUTH	UNWUATTA								20,000
4											Accs											
5																						
6																						

from January 2020 - December 2022
= 36 months 195 = 900 x 36
= 32,400

Quincy

20/6/2022

\$90,000



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: RYAN-PHILIP NIGERIA LIMITED
- 1.2 Incorporation Number: RC1198858 1.3 Address: Street Number: 100
- Street Name: SANIT ANIMABE ROAD City: ABA
- Local Govt: ABIA STATE State: ABIA STATE
- 1.4 Postal Address:
- 1.5 Tel Number: 07035481522 1.6 Fax Number:
- 1.7 Email: RYAN-PHILIP@GMAIL.COM
- 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: KELVIN Middle Name: CHINEKA
- First Name: LIWETH Position: MD
- Tel. Number: 07035481522 Mode of identification: National I.D. [] or Drivers Licence [] or
International Passport [] Specify ID. Number:

PART 3: BUSINESS SECTOR CATEGORIES:

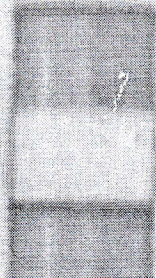
Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐
MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify): GENERAL CONTRACTOR

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [Signature] Position: MD Date: 20/07/2022

Surname: KELVIN First Name: LIWETH Official Stamp (if any):



FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

LNO PHG55411AA02

PRIVATE

ABIA STATE
CLASS

DOB 18-12-1984

ISS 12-01-2008

EXP 18-12-2015

UMEH, KELVIN EMMANUEL CHINEDU

34, G2 STREET,

CITEC ESTATE, MBORA, JABI ABUJA

ABUJA, FCT

SEX M

HT 1.70M 1st ISS ST RIV

BG O+

FINMARKS N GLN REP 0 REN

END P

NOK 08114493941

DATE OF 1st ISS 17-12-2008

HOLDER'S
SIGNATURE

AUTHORISED
SIGNATURE