

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF) (EMPLOYEES' COMPENSATION ACT, 2010) Employees' Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 65 of the ECA 2010).

	This f												(B)	,	S/N		
Authorized Signatory:	orm should be duly completed and submitted by orm should be completed any time payment is m		- 18						1					KELVIN	SURNAME		Employer's Name:
	This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees. This form should be completed any time payment is made.							from July	P					CHNEDY	FIRST NAME	11/1/1/	2-04/1/10
Name of Officer f J. J. J. J. J.	lect the estimate of earnings of the employees		2				3 66 months	2014 - Merenhan		Acek				UWEH	MIDDLE NAME		NICK! A
US ahr	95	1010-	2000	Affec		Jan Salar	180 : 180	er solg							DATE OF BIRTH		CIMIL D
Mar		No.		e early	The same of the	08811	× 66	2	1 .						(тіск)	OI D STAFF	Employer's Number
Position:		11)					2							(ТІСК)	NEW STAFF	umber :
M												1			(M/F)		
R =	1800								3		39 %			18,000 :	NAIRA (=N=)	TOTAL MONTHLY EARNINGS	
	a			9 10										11	KOBO (K)		

o o	υ	4	ω	2	Н 1	S Empl N First
a.			3	UN BY	The state of the s	oyee
				MRS CH	L'ACH	Employee Middle Name
9			AND WAR WILL BY THE WAR WAS A STATE OF	MURKYE	13,	Re Employee Employee Address
			De Bio	Lebes Salar	TO STATE OF THE PARTY OF THE PA	nation/declara Employe
			SA WELL	3/3/2	TON TON	e Address
	No.		05/02/94	05/4/89	18/12/1983	DO B
	0. 14		AMIS.	Emple	700	Ge tal nd Stat
	U al		Single:	RP OS	RADIED	Ge tal DO nd Stat Employee Employme B er us ID nt Date
	Sole Constitution of the sole		2) OCS	Red Read	Too Bo	e Employn
	Own h		1	2	, – – –	Employme Employee nt Date Email
	120	12	3my	Telocu, /	70	Job Titl
	36	12		Recarding		State of Origin
	25		Samon Many	Can A Th	EMIATA SCIPTIA	Local Governme nt Area
A	1 × 6		Minne	Mary	mon.	Towr
	W 60 10		**///	1/1/199	070354815	Cont
	11 0				1	
10 111	8				DRIVERS 4 CENCE	Means of Identity
14 4	Ψ				7.50	of of ldentity ldentity Numbe Issue r State
s 2 g						of Identit Issue State
					The Stay	y Next of Kin
	4				729	Next of Kin Number
A					3	NO of Dependant s
#90,000			18	80-00	20100	Monthly Remunerati
S			1		3	₹em

EDERAL 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) []
Sole Hophictorship [] Salets (preserving)
PART 1: PARTICULARS OF BUSINESS (for MDAs, public and private companies):
1.1 Employer Name: RYAM - PANUR MACRAM LYMNOV
1.2 Incorporation Number: 3 / 1/98858 1.3 Address: Street Number: 100
Street Name: SHH MUHAR ROM APA City: 467
Local Govt: State: AND CATE
1.4 Postal Address:
1.5 Tel Number: 0703548/572 1.6 Fax Number: 1.6 Tel Number:
1.7 Email: PARAMENTA 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: KELVIX Middle Name: Office All
First Name: Position:
Tel. Number: 10 70 25 40 15 42 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):
CIPATAL CONTRACTOR
PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:
I certify that the above particulars are correct
Signature or Thumb Print: Position: Date: 20/07/17022
Signature or Thumb Print: Position: MD Date: 20/07/2022 Surname LELUIH First Name: LUTH Official Stamp (if any):

FEDERAL REPUBLIC OF NIGHRIA NATIONAL DRIVERS LICENOE

一の成一田女

COMPAT, KINDAN MANAZANDEL CHINEDO OFFICE STREET STOORS, TRUCK STOORS 1001-17-1000 1001-17-1000

とというののない つればということのとなるがは

DATE OF 14493941

30

設に