FEDERAL REPUBLIC OF NIGERIA
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 [X]

Others (please specify) [ ].....

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: SAM OLA-OLU NIG. ENTERPRISES

2.2 Incorporation Number: 96302

2.3 Address: 6 Olufemi Peters Street Erekan Isolo

Local Govt.: ISOLO State: LAGOS STATE

2.4 Postal Address: SAME AS ABOVE

2.5 Tel. No. 1: 08023204992 Tel. No. 2: 08134832234

2.7 Email: na

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [X] If "Yes", fill attached form (ECS RE01b)

2.9 Year of Establishment/Incorporation: 1999

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: OLUNDEGUN Middle Name: SOMIAT

First Name: OLAYINKA Position: MD/CEO

Tel. Number: 08134832234 Mode of Identification: National ID. [ ]

Driver's License [X] International Passport [ ] Specify ID. Number: AB49778DAA11

PART 4: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify):....

General Contracts

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: S. Olundegun Position: MD/CEO Date: 5/12/2022

Surname: OLUNDEGUN First name: Samiat Olayinka Official Stamp (if any):.....

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)

SAM OLA OLU NIGERIA ENTERPRISES

SN	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identity	Means of Identity Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration
1	Olundegun	Olayinka	Sani	13 Ureguny street, Meitama Abuja	20/1/-1954	Female	Married	001	14/06/2020		M.D	Lagos	Epe LGA	Epe	08023204942	-	Drivers Licence	ABC 97780AA11	Abuja	/	/	3	30,000
2	Ekpo	Adeola	Akanke	66 House, Thuja Ville Estate, Umaru Shuaibu Avenue Ukoko Abuja	20/12/1980	Female	Married	002	14/1/2020		MG	Lagos	Epe LGA	Epe	08032195704	08055504817	Drivers Licence	ABC 32220AB28	Abuja	/	/	3	30,000
3	Olawale	Olundegun		13 Ureguny Street Meitama Abuja	11/4/1987	Female	Married	003	14/6/2020		See	Lagos	Epe LGA	Epe	08055504817	08023204942	/	/	/	/	/	4	30000
4																							
5																							
6																							90,000

January 2020 - December 2022

1% = 900 × 36 months
= 32400

Total amount to pay
32400
+ 18360
₦50,760