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: SEYI AJAO AND COMPANY

2.2 Incorporation Number: RC851483 2.3 Address: NO 1 ADEOLA RAJI AVENUE, ATURASE ESTATE GBAGADA

Local Govt.: GBAGADA, YABA State: LAGOS

2.4 Postal Address:

2.5 Tel. No. 1: 08033605688 Tel. No. 2:

2.7 Email: adelani_emcl@yahoo.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: 26-06-1992

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: OLOYEDE Middle Name: JOHN

First Name: ADELANI Position: MD

Tel. Number: adelani_emcl@ Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [✓] Specify ID. Number: A12188491

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:..... Position: MD Date: 16-2-23

Surname: OLOYEDE First name: ADELANI Official Stamp (if any):.....

Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

SEYI AJAO AND COMPANY

S/N	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TLTLE	STATE OF ORIGIN	L.G.A	TOWN	CONTACT PHONE NO.	ALTERNATE NUMBER	MEANS OF IDENTITY	MEANS ID ISSUED STATE	NEXT OF KIN	NO. OF DEPENDANTS	SALARY, MONTHLY
(1) 1	Ayinla	—	Ganiyu			M				Sa@gmail.com		Ogun	Ketu	Ikosi Ketu	08030609261	—	NIN	Lagos	Ajao	1	20,00
2																					
3																					
(2) 4	John	Okoqede	Adelani			M				adelani.emcl@yahoo.com		Osun			08033605688	—	NIN	Ogun	Victoria	1	20
5																					
6																					
(3) 7	Sunday	Ajibayo	Ojo			M				Ojoagibayo bravofeats 00@yahoo.com		Ondo			08066289425		NIN	Ondo	James	1	20,0
8																					
9																					#6
10																					

THIS FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.

THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

AUTHORISED SIGNATORY........ [signature]

NAME OF OFFICER........ ADELANI John

POSITION........ MD

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

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

SEYI AJAO AND COMPANY

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Ayinla	Ganiyu		✓		m	30,000		
2.	John	Oloyede A.		✓		m	30,000		
3.	Sunday	Ajibayo O.		✓		m	30,000		
						Sub/Grand Total:	90,000		

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official: John. O. Position: MD Signature/Date: 16/2/23

AUTHORISED SIGNATORY.....

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: SEYI AJAO AND COMPANY

2.2 Incorporation Number: RC851483 2.3 Address: NO 1 ADEOLA RAJI AVENUE, ATURASE ESTATE GBAGADA

Local Govt.: GBAGADA, YABA State: LAGOS

2.4 Postal Address:

2.5 Tel. No. 1: 08033605688 Tel. No. 2:

2.7 Email: adelani_emcl@yahoo.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: 26-06-1992

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: OLOYEDE Middle Name: JOHN

First Name: ADELANI Position: MD

Tel. Number: adelani_emcl@ Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [✓] Specify ID. Number: A12188491

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:..... Position: MD Date: 16-2-23

Surname: OLOYEDE First name: ADELANI Official Stamp (if any):.....