FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENTFOR AKAH-BU-UDO FARMS LIMITED

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

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 TITLE	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	GORDON	ISAAC	E-	NO 14 IKOT EKPENE ROAD	20/10/72	MALE	MARRIED	S101	4/4/2020		MD	AKWA IBOM	OKLU	OKLU	08036 032880		NIN	AKWA IBOM	EKPO		30,0
2	SUNDAY	EKPO	E-	NO 14 IKOTEKPENE ROAD	1/4/1972	MALE	SINGLE	S102	04/9/2021		CASHIER	AKWA IBOM	OKLU	OKLU			NIN	AKWA IBOM	EMI		30,0
3	UMAR	UDO	SUNDAY	NO 14 IKOT EKPENE ROAD	08/01/91	MALE	SINGLE	S103	04/9/2021		HR	AKWA IBOM	OKLU	OKLU			NIN	AKWA IBOM	UMO		30,0
4																					
5														Acct							
6									from October 2020 - December 2022												
7									= 27 months					4% = 900 × 27							
8														= ₦24,300							
9																					
10														11/04/2022						90,	

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 NAME OF OFFICER POSITION

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: SHIMRON TRANSNATIONAL ENERGY LIMITED

1.2 Incorporation Number: RC1712893

1.3 Address: Street Number: 4014

Street Name: IKOT EKPENE RD

City: OKU

Local Govt:

State: AKWA IBOM

1.4 Postal Address:

1.5 Tel Number: 07036032880

1.6 Fax Number:

1.7 Email: nwakwuenigoziegmail.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 Act? Yes [ ] No [ ]

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

2.1 Surname: ATTAH

Middle Name: ISAAC

First Name: GORDON

Position: MD

Tel. Number: 07036032880

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):.....

CRUDE OIL CONTRACTOR

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: MD Date: 11/04/2022

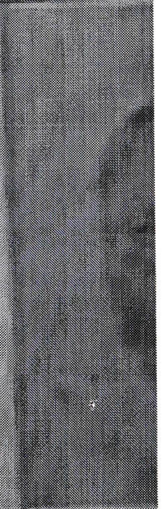
Surname GORDON First Name: ISAAC Official Stamp (if any): .....

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

[illegible]	Surname: ATTAI	Address: NO 74 IKOT EKPENE ROAD
[illegible]	First Name: GORDON	
N/A	Middle Name: ISAAC	
	Gender: M	[illegible]



...ional Identification Number (NIN) is your identity. It is confidential and may only be released for legitimat...

...ed when your National Identity Card is ready (for any enquiries please contact)

...mc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC [illegible]	National Identity Management Co... [illegible]