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 [x] Informal Sector Employer [ ] Partnership [ ] Sole Proprietorship [ ]

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

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: SINI MULTIBIZ INTL NIGERIA LTD

2.2 Incorporation Number: 1889092 2.3 Address:

Local Govt.: AMAC State:

2.4 Postal Address: SUITES 3, BATAIYA PLAZA AREA 11, GARKI ABUJA

2.5 Tel. No. 1: 08033524937 Tel. No. 2:

2.7 Email: esmerali84@yahoo.com

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:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: MATHIAS Middle Name:

First Name: KEFAS Position: MD

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

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

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

GENERAL CONTRACTOR

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: Position: MD Date: 15/01/2024

Surname: ALI First name: ESTHER Official Stamp (if any):

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

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NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

SIHI MULTIBIZ INTL NIGERIA LTD

EMPLOYEES' SCHEDULE OF PAYMENT

(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	MARITAL 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
	MATHIAS	KEPAS	JAGINDI	AREA 11, GARKI	9/5/92	M	MARRIED	003 002 001	01/03/2022	Bsthorali84@yahoo.com	SECRETARY/CLERK MANAGER	KADUNA	AMAC	GARKI	08033524937	Theresa Asabido	NIMC	GARKI	SON		30,000
	MARKUS	GRACE	AYUBA		5/5/92	F	MARRIED												SON		30,000
					9/5/90	M	MARRIED												SON		30,000

Feb 2022 – Dec 2024

1% 900 X 35 = ₦31,500.

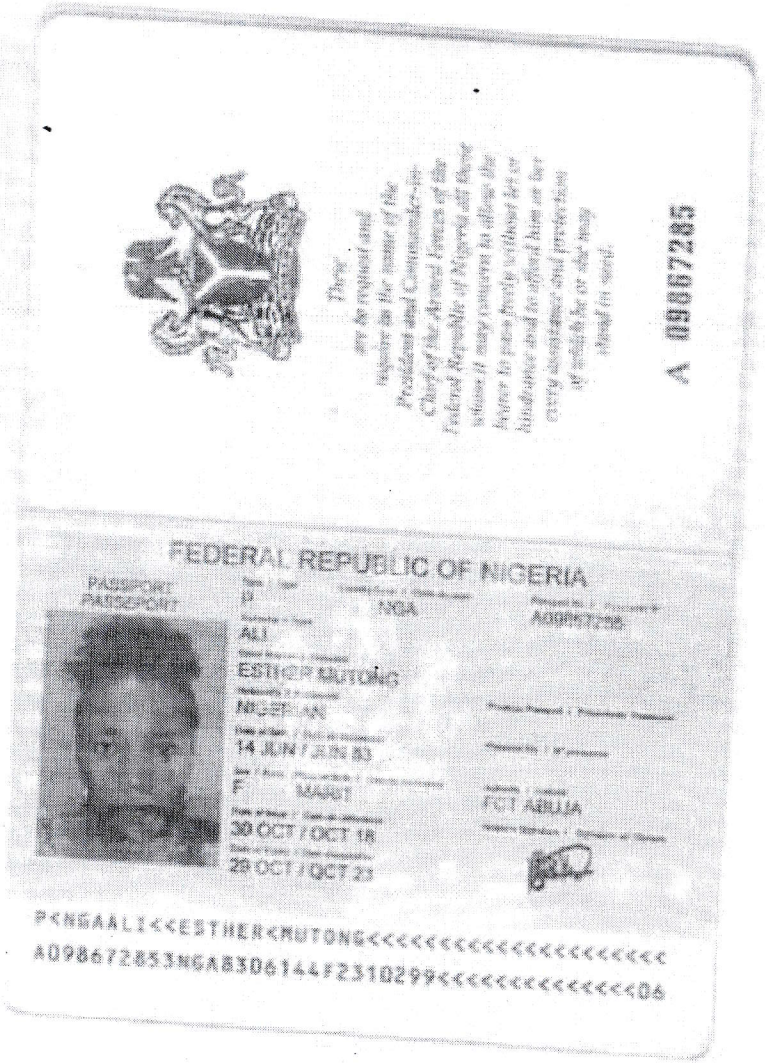
Feb 2022 – Dec 2024 (35 months)

₦90,000 X 1% X 34 = ₦31,500

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name:
Sign:
Date: 15/8/2024

₦90,000

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.



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FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

NGA

A09867255

ALI

ESTHER MUTONG

NIGERIAN

14 JUN / JUN 83

F

MARIET

FCT ABUJA

30 OCT / OCT 18

29 OCT / OCT 23

P<NGAALI<<ESTHER<MUTONG<<<<<<<<<<<<<<<<<<<<<<

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