



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)

March 2021 - December 2023

SOB OKO INVESTMENT KONSULT NIGERIA LIMITED

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 OF IDENTITY NUMBER	MEANS ID ISSUED STATE	NEXT OF KIN	NEXT OF KIN NUMBER	NO. OF DEPENDANTS	SALARY, MONTHLY
Esther	Jummai	Laps New World Hotel, Jabi, Abuja	05/01/1968	F	Married			estherbor@gmail.com	Finance	Kaduna	Katuf	Mabushi-Katuf	08030582898		NIMC	10685758097	Kaduna	Chat Audu	09074541433	6	30,000
Ladejo	Ogunsola	Laps New World Hotel, Jabi, Abuja	10/08/1964	M	Married			ogunsola@yahoo.com	Advisory Service	Lagos	Ikeja	Ikeja	08033922383		NIMC	20954781832	Lagos	Oluwatoyin Ogunsola		4	30,000
Tinat	Shemag	Ndasup Close, Area 7, Garki, Abuja	27/04/1962	M	Married				Engineer	Kaduna	Kaura	Manchok	08055262512		Driver Licence		Kaduna	Japhet Shemang		5	30,000
																					90,000

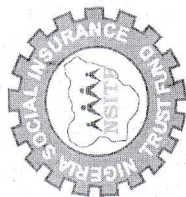
SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

SIGNATORY: Abdullah A. B.

NAME OF OFFICER: Abdullah A. B.

POSITION: MANAGED

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).

S&B OKO INVESTMENT CONSULTING LTD

Employee Information						Total Monthly Emoluments	Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	N	K
1	Arelu Esheer	Jummai	05/01/1968			F	22,500/-
2.	Gunsola Ladejo	Gunsola	10/08/1964			M	19,700/-
						Sub/Grand Total:	
						N/A 2,200/-	

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: Adam, A-B Position: NS/CED Signature/Date: [Signature] 02/02/2023

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: Sob Oro Investment Consultancy Nigeria Limited
1.2 Incorporation Number: RC 1408246
Street Name: 0 BATEMI AWOLOMI
Local Govt: AMAC
State: FCI
City: Abuja
1.3 Address: Street Number:
1.4 Postal Address:
1.5 Tel Number: 07067694241
1.6 Fax Number:
1.7 Email: seboroinvestmentconsultancy@gmail.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: Audu Middle Name: Position: MD/CEO
First Name: Afred Tel. Number: 07067694241
Mode of identification: National I.D. ☒ or Drivers Licence ☐ or International Passport ☐ Specify ID. Number:
NIN: 10685758097 Driver License: FKJ73640AA12

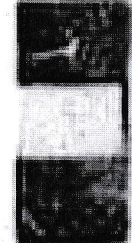
PART 3: BUSINESS SECTOR CATEGORIES:

☒ Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐ MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify):

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [Signature] Position: MD/CEO Date: 27/02/2023
Surname: Audu First Name: Afred Official Stamp (if any):



FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

KADUNA STATE

LNNO.FKJ73640AA12 PRIVATE CLASS D

ISS 07-02-2022
EXP 24-01-2027

D of B 24-01-1960

AUDU ALFRED BORG
PLOT 28 ASO PADA, KARU, KARU,
NASSARAWA

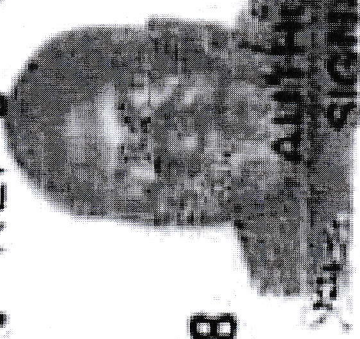


SEX M HT 1.76M 1st ISS ST LAG
BG UNK E/MARKS Y GLN REP 0 REN 3
END P

N of K 06030592898

DATE OF 1st ISS 24-06-1998

40 YEARS
SIGNATURE



AUTHORISED
SIGNATORY

Federal Republic of Nigeria

National Identification Number Slip (NINS)

	Address: 201 11 THOMAS STREET MARFOLORU 1010001	
Surname: ALFRED	First Name: ALFRED	Address: 201 11 THOMAS STREET MARFOLORU 1010001
Gender: M	Age: 34	Address: 201 11 THOMAS STREET MARFOLORU 1010001