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)

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	SOTONYE	AUSTIN	IBIAMA	70 King Williams Pepple Road, Bonny Island Rivers State	July 1966	MALE	MARRIED	001	18/8/23	sotonyeaustin@gmail.com	DIRECTOR	RIVERS STATE	BONNY ISLAND	BONNY	08033781703	08033781703	VOTERS CARD	RIVERS STATE	IBIETONYE SOPRINYE	4	₦35,000
2	SOPRINYE	JUMBO	IBIETONYE	70 King Williams Pepple Road, Bonny Island	1980	FEMALE	MARRIED	002	18/8/23	sotonyeglobal services@gmail.com	SECRETARY	RIVERS STATE	BONNY ISLAND	BONNY	08033781703	08033781703	VOTERS CARD	RIVERS STATE	SOTONYE AUSTIN	3	₦30,000
3	ALEXANDRA	IPIRINYE	IBIAMA	70 King Williams Pepple Road, Bonny Island	JULY 1997	FEMALE	SINGLE	003	18/8/23	sotonyeglobal services@gmail.com	MANAGER	RIVERS STATE	BONNY ISLAND	BONNY	08033781703	08033781703	VOTERS CARD	RIVERS STATE	SOTONYE AUSTIN	1	₦35,000

Aug 2023 — Dec 2023

100000 × 1% = 1000

1000 × 5 months

5000

TOTAL ⇒ ₦100,000

NSITF KAGINI BRANCH
ACCOUNT DEPARTMENT
CHECKED
Name:
Sign:
Date: 18/8/2023

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.

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

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1	SOTONYE	AUSTIN	IBIAMA	70 King Williams Pepple Road, Bonny Island Rivers State	July 1966	MALE	MARRIED	001	18/8/23	sotonyeaustin@gmail.com	DIRECTOR	RIVERS STATE	BONNY ISLAND	BONNY	08033781708	08033781708	VOTERS CARD	RIVERS STATE	IBIETONYE SOPRINYE	4	₦35,000
2	SOPRINYE	JUMBO	IBIETONYE	70 King Williams Pepple Road, Bonny Island	1980	FEMALE	MARRIED	002	18/8/23	sotonyeet@gmail.com	SECRETARY	RIVERS STATE	BONNY ISLAND	BONNY	08033781703	08033781703	VOTERS CARD	RIVERS STATE	SOTONYE AUSTIN	3	₦30,000
3	ALEXANDRA	IPIRINYE	IBIAMA	70 King Williams Pepple Road, Bonny Island	July 1997	FEMALE	SINGLE	003	18/8/23	sotonyeit@gmail.com	MANAGER	RIVERS STATE	BONNY ISLAND	BONNY	08033781703	08033781703	VOTERS CARD	RIVERS STATE	SOTONYE AUSTIN	1	₦35,000
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Aug 2023 — Dec 2023

100000 x 1% = 1000

1000 x 5 months

5000

TOTAL ⇒ ₦100,000

NSITF KAGINI BRANCH
ACCOUNT DEPARTMENT
CHECKED
Name:
Sign:
Date: 28/12/2023

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.

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 [ ]

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

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: SOLMALEX GLOBAL SERVICES LIMITED

2.2 Incorporation Number: 7102977

2.3 Address: 79, KING WILLIAM PEPPLE ROAD, BONNY ISLAND

Local Govt.: BONNY State: RIVERS STATE

2.4 Postal Address:

2.5 Tel. No. 1: 08033781703 Tel. No. 2:

2.7 Email: Solmalexglobalservices@gmail.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: 18 08 2023

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: IBIAMA Middle Name: AUSTIN

First Name: SOTONYE Position: DIRECTOR

Tel. Number: 08033781703 Mode of Identification: National ID. [ ] VOTER'S CARD

Driver's License [ ] International Passport [ ] Specify ID. Number: 27708832

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

GENERAL CONTRACTS

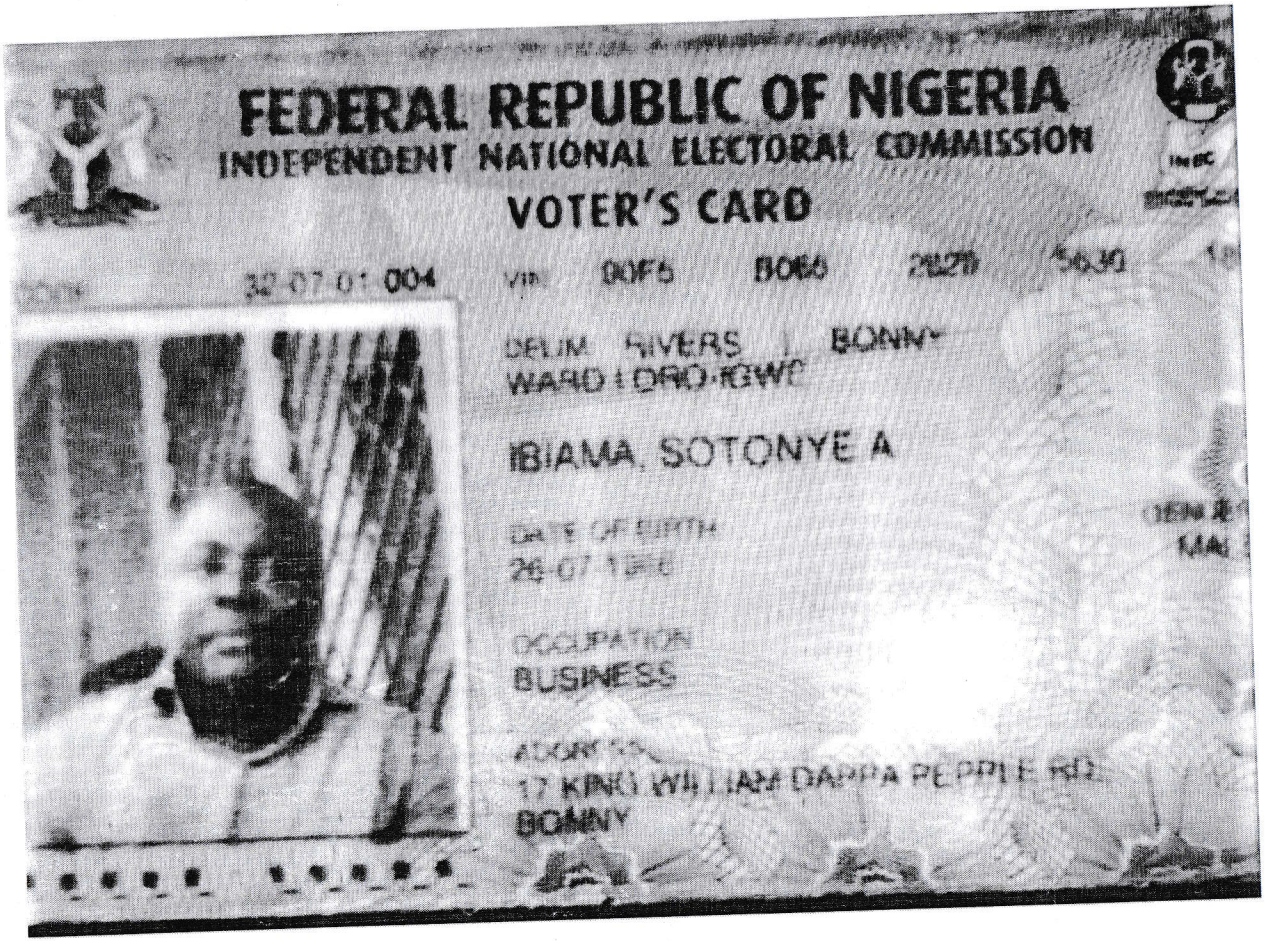
PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: ..... Position: DIRECTOR Date: 28/8/2

Surname: IBIAMA First name: SOTONYE Official Stamp (if any):.....

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



FEDERAL REPUBLIC OF NIGERIA
INDEPENDENT NATIONAL ELECTORAL COMMISSION
VOTER'S CARD

32 07 01 004

DELTA RIVERS BONNY
WARD I ORO-IGWE

IBIAMA, SOTONYE A

DATE OF BIRTH
26-07-1966

OCCUPATION
BUSINESS

ADDRESS
17 KING WILLIAM DAPPA PEPPLE RD
BONNY