



**FEDERAL REPUBLIC OF NIGERIA**  
**NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)**  
(EMPLOYEES' COMPENSATION ACT, 2010)  
Employees' Schedule of Payments

July  
September 2019 - December

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

Employer's Name:

SOMBIK CONSTRUCTION LIMITED

Employer's Number

S/N	SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OLD STAFF (TICK)	NEW STAFF (TICK)	GENDER (M/F)	TOTAL MONTHLY EARNINGS	
								NAIRA (=N=)	KOBO (K)
1	OKECHUKWU	MADUKA		21/6/1982			M	18,000	
2	EZE	SOLOMON		18/9/1995			M	18,000	
3	ABBA	BENJAMIN		28/5/1990			M	18,000	
July 2018 - Dec 2018 = 102 months x 400 = 40800									
54,000									

This form should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees.  
This form should be completed any time payment is made.

Authorized Signatory:

*[Signature]*

Name of Officer:

Oludina Lawrence

Position:

MB







FEDERAL REPUBLIC OF NIGERIA  
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)  
(Employees' Compensation Act, 2010)

ECS.RE01

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: SOMBIK CONSTRUCTIONS LIMITED  
1.2 Incorporation Number: RC 973635 1.3 Address: Street Number: FLAT 4  
Street Name: BLK 1 POLICE BARAKUTA City: UTAKO  
Local Govt: AMAC State: FCT  
1.4 Postal Address:   
1.5 Tel Number: 08037869313 1.6 Fax Number:   
1.7 Email: Lawmarkibe@yahoo.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: OLUOTIA Middle Name:   
First Name: LAWRENCE Position: MANAGING DIRECTOR  
Tel. Number: 08037869313 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):

**PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:**

I certify that the above particulars are correct

Signature or Thumb Print: f. Dir Position: MD Date: 20/06/2022

Surname: LAWRENCE First Name: OLUOTIA Official Stamp (if any):