

Form 200 - December 2014

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 OCA 2010)

O. M. O.

IS/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	LGA	TOWN	CONTACT PHONE NO.	ALTERNATE NUMBER	MEANS OF IDENTITY	MEANS ID ISSUED STATE	NEXT OF KIN	NO. OF DEPENDANTS	SALARY MONTHLY
1	Sho	Sho	Sho	Sho	2005	M	M	003	22/	/	Rep	Ogun	Abeokuta	Abeokuta	/	/	NIN	Ogun	/	/	200
2	Sho	Sho	Sho	Sho	2000	M	M	002	22/	/	Shm	Ogun	Abeokuta	Abeokuta	/	/	NIN	Ogun	/	/	200
3	Sho	Sho	Sho	Sho	2009	M	M	003	22/	/	See	Ogun	Abeokuta	Abeokuta	/	/	NIN	Ogun	/	/	200

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

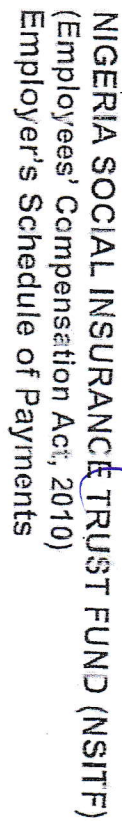
AUTHORISED SIGNATORY

NAME OF OFFICER

Sho R. R.

POSITION

Sho



Soft material Lim-fed

~~Total Monthly~~

Remarks

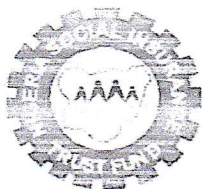
[illegible]

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:

Position:

Signature/Date:



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: SOUTH MAINLAND LIMITED

2.2 Incorporation Number: RC1006133

2.3 Address: Phase NO1

Local Govt.: ESSE

State: Abia

2.4 Postal Address: Distr place 28, Makina Obafemi

2.5 Tel. No. 1: 0803818779

Tel. No. 2: []

2.7 Email: Southmainland@comcast

2.8 Does Employer have other branches and subsidiaries? Yes [] No [] If "Yes", fill attached form (ECS RE01b)

2.9 Year of Establishment/incorporation: []

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Alao Middle Name: A

First Name: Rahim Position: Rep

Tel. Number: 0803818779 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 category

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: [Signature] Position: Rep Date: 2012

Surname: Alao First name: Rahim Official Stamp (if any): []

