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	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 ARREARS
1																					
2																					
3																					

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.

AUTHORISED SIGNATORY.....

NAME OF OFFICER.....

POSITION.....

February 2012 – December 2012

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)

SOUTH MAINLAND LIMITED.

04 Months

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	[illegible]	[illegible]			✓	M	18,000	–	
					Sub/Grand Total:		18,000	–	

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: [illegible] Position: Rep Signature/Date: [illegible] 2/5/[illegible]

ECS.RE.01a

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: House No1 Estate Drive, Estate Ede

Local Govt.: Ede   State: Akwa Ibom

2.4 Postal Address: Dstv Plaza 28, Manfrmi Abuja.

2.5 Tel. No. 1: 08033818779   Tel. No. 2:

2.7 Email: southmainlandltd@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:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Alao   Middle Name: A

First Name: Rafiu   Position: Rep

Tel. Number: 08033818779   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 Contracting

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: .... Position: Rep .... Date: 28/2

Surname: Alao .... First name: Rafiu .... Official Stamp (if any): ....

6597107860

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

NIMC

g ID: [illegible]	Surname: AGHEDO	Address: [illegible] OLD AGBOR ROAD
6597107860	First Name: PROSPER	
	Middle Name: [illegible]SI	
	Gender: M	[illegible] AWOSSA
	[illegible]	[illegible]

The National Identification Number (NIN) is your identity. It is confidential and may only be released for legitimate transactions

[illegible] be needed when your National Identity Card is ready. For any enquiries please contact:

[illegible] desk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Commission 11 Sokode Crescent, Off Ubiaka Street, Zone 5 Wuse, Abuja Nigeria