



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	James Oluwalope	Francis	Oluwalope			M	M		Dec 20	James Oluwalope@gmail.com			Maroko								30,000
2																					
3	Mary	Ada	Oluwalope			F	M		Nov 20												30,000
4						F	M														
5	Kenneth		Edo			M	S		Dec 20												30,000
6																					
7																					
8																					
9																					
10																					

Sep 2020 - Dec 2023

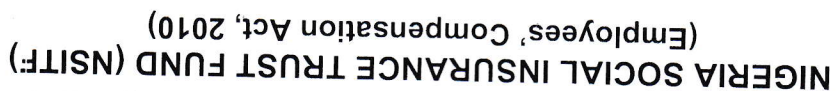
900 X 40 months

36,000

NSITF KAGANI BRANCH
ACCOUNT UNIT
CHECKED
Name: Oluwalope
Sign: [Signature]
Date: 28/07/23

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.

THORISED SIGNATORY.....
NAME OF OFFICER.....
POSITION.....



(Any wrong information/declaration is an offence and is punishable under Sections 39 and 65 of the ECA 2010)

Public/Private limited Company [] Informal Sector Employer [] Partnership [] Sole Proprietorship [] Others (please specify) []

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

Local Govt.:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
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 State:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
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2.8 Does Employer have other branches and subsidiaries? Yes [] No [] . If "Yes", fill attached form (ECS RE01b)

3.1 Surname: PETEL ONOHA

[illegible]

☐ Construction
 ☐ Mining
 ☐ Banking & Finance
 ☐ Manufacturing
 ☐ Aviation

MDAS ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify):.....

I certify that the above particulars are correct

Signature or Thumbprint: _____ Position: _____ Date: _____

Official Stamp (if any):

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