ECS.RE.01a

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: SKYHAWK SYSTEMS LIMITED

2.2 Incorporation Number: 17H2136 2.3 Address: FLAT 1

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Local Govt.: AMAC State: ABUJA

2.4 Postal Address:

2.5 Tel. No. 1: 07055557HH3 Tel. No. 2:

2.7 Email: Skyhawksystems@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: 4/12/2020

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: SHERIFF Middle Name:

First Name: AHMADU Position: M.D

Tel. Number: 07055557HH3 Mode of Identification: National ID. [✓]

Driver's License [ ] International Passport [ ] Specify ID. Number: 32500371895

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

GENERAL CONTRACT

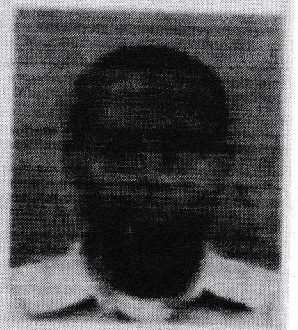
PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: M.D Date: 6/7/022

Surname: SHERIFF First name: AHMADU Official Stamp (if any):.....

National Identity Management System
Federal Republic of Nigeria
National Identity Number Slip (NINS)

Transaction Number	CFC00413F200674	Surname	SHERIFF	Address: OPPOSITE MAITAMA JUNCTION	
NIN	32500371895	FirstName	AHMADU		
Registration Date	20/06/2013	Middlename			
		Gender	M	MAITAMA FCT Abuja	

Note: The transaction slip does not confer the right to the **General Multipurpose Card** (For any enquiry please contact)

elpdesk@nimc.gov.ng	www.nimc.gov.ng	07040144452, 07040144453, 07040144454	**National Identity Management Commission** 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

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).

Spythwek Systems Limited

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
	SAUDATU	AHMED	10/1/85	✓		F	30,000	=	
	AHMADU	SHERIFF	1/10/84	✓		M	30,000	=	
	ABACHA	SHERIFF	14/8/84	✓		M	30,000	=	
	December 2020 – December 2022								
	25 months x ₦900 = ₦22,500								
						Sub/Grand Total:	₦90,000	x 1% = 900	

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: AHMADU SHERIFF Position: M.D. Signature/Date: 6/7/2022