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)

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: [illegible]
Sign: [illegible]
Date: 13/3/2024

TAIM GATES Nigeria LTD

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 TLTLE	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	Kupa	Felix	Edore		25/10/1985	Male	Single				Manager	Delta	Ugbelli	Abraka	[illegible]		[illegible]				
2																					
3																					
4	Bardi	Jeremiah	Jonas		2/3/1998	Female	Married				Secundary	Delta	Ugbelli South	Asaba	[illegible]		NIN				
5																					
6																					
7	Aklos	Daf	Ken		4/12/1988	Male	Single				Salesgirl	Delta	Ugbelli North	Asaba	[illegible]		NIN				
8																					
9																					
10																					

April 2022 – Dec 2024
900 X 33 Months
= 29,700

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.

NAME OF OFFICER........................ POSITION........................

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: TAIM GATES NIGERIA Limited

2.2 Incorporation Number: RC 1911688 22 2.3 Address: Moses Majekodunmi Street APO

Local Govt.: AMAC State: F.C.T

2.4 Postal Address:

2.5 Tel. No. 1: 07037850485 83 Tel. No. 2:

2.7 Email: taimgates@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: Olugbanga Middle Name:

First Name: Ola Position:

Tel. Number: 08078504858 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):....

.....

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position:..... Date:.....

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

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

FCT

PRIVATE

CLASS E

NO ABJ 07044 2AA

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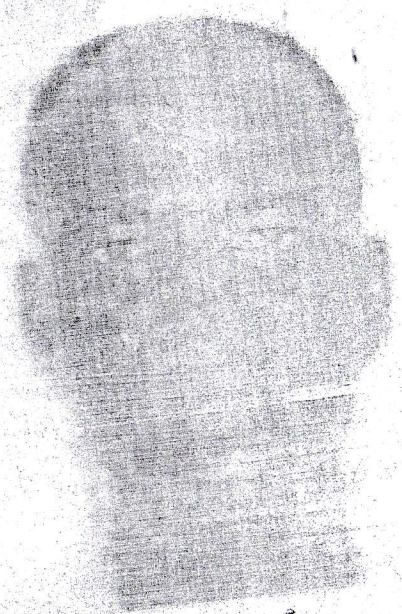

OWA, OLUGBENGA
4SUITE A3, BOSSAR COMPLEX
4, MICHIKA ST. AREA 11, GARKI II
ABUJA, FCT

SEX M HT 1.60M 1st ISS ST NAS

BG UNK REMARKS N GLN RES 0 REN 2

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DATE OF 1st ISS 21-02-2011

HOLDER'S SIGNATURE

AUTHORISED SIGNATORY