FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SHEDULE OF PAYMENT FOR TAKA SQUARE SERVICES LTD.

(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	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 DEPENDANT	SALARY, MONTHLY
1	ENOKELA		ISEKO	ABUJA	14/3/1987	M	MARRIED	04/05/2021		ADMIN OFFICER	BENUE	OTUKPO	OTUKPO	8034536968		INT'L PASSPORT	ABUJA	ISEKO FLORENCE	NIL	30,000.00
2	AYODEJI	OKIEN	DIKIO	ABUJA	05/09/1989	M	MARRIED	05/05/2021		SECRETARY	RIVER	P.H	P.H	819903506		INT'L PASSPORT	ABUJA	BOMA AYOKUNLE DIKIO	NIL	30,000.00
3	BOMA	AYOKUNLE	DIKIO	ABUJA	05/10/1986	M	MARRIED	06/05/2021		CLERICAL OFFICER	RIVER	P.H	P.H	8061975209		INT'L PASSPORT	ABUJA	AYODEJI OKIEN DIKIO	NIL	30,000.00
4																				
5																				
6																				
7																				
8																				
9																				
10																				90,000.00

January 2022 - December 2022

12 = 900 x 12

= 10800

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 any time payment is made.

Authorised Signatory.....

Name of officer.....IWUAGU OBINNA *Position*.....SEC. *Date*.....30/6/22

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 [X] Informal Sector Employer [ ] Partnership [ ] Sole Proprietorship [ ]

Others (please specify) [ ].....

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: TAKA SQUARE SERVICES LTD

2.2 Incorporation Number: RC1882928 2.3 Address: PLOT 1487 LEE MOSES ISEKO STR CBD ABUJA

Local Govt.: AMAC State: FCT

2.4 Postal Address: SAME AS ABOVE

2.5 Tel. No. 1: 08034536968 Tel. No. 2:

2.7 Email: chejoebest@gmail.com

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

2.9 Year of Establishment/Incorporation: 18TH JAN 2022

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: ISEKO Middle Name:

First Name: ENOKELA Position: MD/CEO

Tel. Number: Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [X] 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: MD/CEO Date: 30-06-22

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

ECONOMIC COMMUNITY
OF WEST AFRICAN STATES
COMMUNAUTE ECONOMIQUE DES ETATS
DE L'AFRIQUE DE L'OUEST
COMUNIDADE ECONOMICA DOS ESTADOS
DA AFRICA DO ESTE

FEDERAL REPUBLIC OF
NIGERIA
RÉPUBLIQUE FÉDÉRALE DU NIGÉRIA
REPÚBLICA FEDERAL DA NIGERIA

PASSPORT
PASSEPORT
PASSAPORTE

B00131541

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport

Type / Type
P

Country Code / Code du pays
NGA

Passport No. / N° Passeport
B00131541

Surname / Nom
ISEKO

Given Names / Prénoms
ENOKELA

Nationality / Nationalité
NIGERIAN

Previous Passport / Passeport Précédent
A05548323

Date of Birth / Date de Naissance
14 MAR / MARS 87

NIN
62791797205

Sex / Sexe
M

Place of Birth / Lieu de Naissance
ZARIA

Date of Issue / Date de Délivrance
11 FEB / FÉV 20

Authority / Autorité
ABUJA HQRS

Date of Expiry / Date d'Expiration
10 FEB / FÉV 25

Holder's Signature / Signature du Titulaire

KNGAISEKO<<ENOKELA<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<