

Registration of Employer

PART 1: TYPE OF BUSINESS

(Mark 'X' as Appropriate)

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Public/Private Limited Company [] Informal Sector Employer [] Partnership [] Sole Proprietorship []

Others (please specify) []

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

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2.1 Employer Name: TAKUYA N ZG INVESTMENT LTD

2.3 Address: 88 Oshibay

2.2 Incorporation Number:

2.3 Address:

Local Govt.:

State:

2.4 Postal Address:

2.5 Tel. No. 1:

Tel. No. 2:

2.7 Email:

2.7 Email: h.k.ya@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:

Middle Name:

First Name:

Position:

Tel. Number:

Mode of Identification: National ID. []

Driver's License []

International Passport []

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):

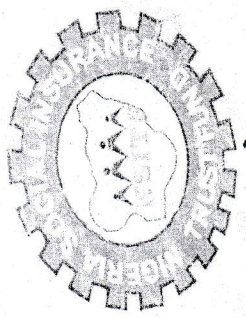
Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng

FEDERAL REPUBLIC OF NIGERIA

FEDERAL SOCIAL INSURANCE TRUST FUND (NSITF)

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	Samuel		Adeniyi	1234567890	20/01/80	M	M	1234567890	20/01/80	Samuel.Adeniyi@nsitf.gov.ng	Admin	Abuja	FCT	Abuja	08022222222	08022222222	Passport	Abuja		2	200000
2	Abimbola		Adeniyi	1234567890	20/01/80	M	M	1234567890	20/01/80	Abimbola.Adeniyi@nsitf.gov.ng	Admin	Abuja	FCT	Abuja	08022222222	08022222222	Passport	Abuja		2	200000
3	Abimbola		Adeniyi	1234567890	20/01/80	M	M	1234567890	20/01/80	Abimbola.Adeniyi@nsitf.gov.ng	Admin	Abuja	FCT	Abuja	08022222222	08022222222	Passport	Abuja		2	200000
4	Abimbola		Adeniyi	1234567890	20/01/80	M	M	1234567890	20/01/80	Abimbola.Adeniyi@nsitf.gov.ng	Admin	Abuja	FCT	Abuja	08022222222	08022222222	Passport	Abuja		2	200000
5	Abimbola		Adeniyi	1234567890	20/01/80	M	M	1234567890	20/01/80	Abimbola.Adeniyi@nsitf.gov.ng	Admin	Abuja	FCT	Abuja	08022222222	08022222222	Passport	Abuja		2	200000
6																					
7																					
8																					
9																					
10																					

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.....

Passport / Passeport

Country Code / Code du pays
NGA

Passport No. / N° Passeport
B50103588

Surname / Nom

ALIYU

Given Names / Prénoms:

MUSA DANGOGO

Nationality / Nationalité
NIGERIAN

Date of Birth / Date de Naissance

28 SEP / SEPT 58

Sex / Sexe Place of Birth / Lieu de Naissance
MINNA

Date of Issue / Date de Délivrance

07 AUG / AOÛT 21

Date of Expiry / Date d'Expiration

06 AUG / AOÛT 31

Previous Passport / Passeport Précédent
A07714327

NIN
44964041537

Authority / Autorité
ABUJA HQRS

Holder's Signature / Signature du Titulaire

Neon Light

[illegible]

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