



# NIGERIA SOCIAL INSURANCE TRUST FUND

Established By Decree 73 of 1993

**Kagini Branch Office**

NSITF Estate, Opposite Arab Junction, Kagini, Abuja-Zuba Rd. Abuja  
09-2918455, 0802 249 8777

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Dear Sir,

## **COMPLETION OF EMPLOYERS' REGISTRATION FORMS**

The Employees' Compensation Act (ECA), signed into Law in 2010 was officially gazetted in the Federal Republic of Nigeria Official Gazette No. 101, Volume 97 of 20<sup>th</sup> December 2010.

The Act repealed the Workmen's Compensation Act, 2004 and makes comprehensive provision for the compensation to employees who suffer from occupational diseases or sustain injuries arising from accident at workplace or in the course of carrying out their duties. Its provisions apply to employers and employees in Public and Private Sectors of the economy, irrespective of the number of employees that an employer may have.

In line with the above, all Employers of labour are mandated by the Provision of the Act (ECA) to complete and submit to our office, the registration and schedule of payment forms then make payments of 1% contribution of their total monthly payroll to the Fund.

Please we expect your immediate response to this notification to facilitate the formal registration of your organisation and allotment of registration number while the payment schedule of your employees is also generated.

Kindly go through the attached handbills for better enlightenment and fill the forms appropriately. For further information and access to the Act, please go to our website on [www.nsitf.gov.ng](http://www.nsitf.gov.ng)

You may also wish to contact the undersigned and any of our officers in case you have problem in completing any of the attached forms.

Thank You

**Orvainya Ephraim**  
Branch Manager.

For: Managing Director/CE



# FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

## Registration of Employer

Section 39(1)

Mark 'X' as Appropriate

Public/Private Companies ☐ Informal Sector Employer ☐ Partnership ☐

Sole Proprietorship ☐ Others (please specify) ☐

### **PART 1: PARTICULARS OF BUSINESS** (for MDAs, public and private companies):

1.1 Employer Name:

1.2 Incorporation Number:

1.3 Address: Street Number:

Street Name:

City:

Local Govt:

State:

1.4 Postal Address:

1.5 Tel Number:

1.6 Fax Number:

1.7 Email:

1.8 Does Employer operate in other locations? Yes ☐ No ☐. 1.9 If yes give details: .....

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes ☐ No ☐.

1.11 Act? Yes ☐ No ☐

### **PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION** (for Partnership & Sole Proprietorship):

2.1 Surname:  Middle Name:

First Name:

Position:

Tel. Number:

Mode of identification: National I.D. ☐ or Drivers Licence ☐ or

International Passport ☐ Specify ID. Number:

### **PART 3: BUSINESS SECTOR CATEGORIES:**

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

MDAs ☐

Oil & Gas

Agriculture

Energy

Teleco

Others (please specify): .....

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### **PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:**

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: ..... Date: .....

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



# FEDERAL REPUBLIC OF NIGERIA

## NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010) **ECS.RE04**

### Employer's Schedule of Payments (Actual) (Section 40(1)(a) of Act)

Employer Name:

Employer No:

S/N	Employee					Total Monthly Earnings		Remarks
	Surname	Other Names	Staff ID No.	Date of birth	Gender	N	K	
Sub/Grand Total:								

This form should be duly completed and retained by the employer to reflect the actual earnings of the employees over the period of the report.

The information therein should reflect any variation in staff disposition in relation to ECS.RE03 earlier submitted.

Authorized Signatory:

Position:

Date: \_