FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND ('45ITF)

EMPLOYEES' COMPENSATION ACT, 2010)

Employees' Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under section 20, 49 and 50 of the ECA 2010).

SN	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identity	Means of Identity Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remu
1	MISAN		AKPOTO HWO	41 Crescent Plot 302, Fed housing. Lugbe	16 12 78	M	M	004	18/01/2022	misan4075@gmail.com	Manager	DELTA State	UKWUANI	WARRI	07031671469	09099992731	NATIONAL ID	79018360633	FCT	DEKO ONUWAJE	08033346510	4	₦ 150,
2	TITUS	FELIDAY	ZAKARIA	No 7 ABAGANA ST., DAWAKI	19/08/1980	M	M	002	18/01/2022	Eheavy rotCompany@yahoo.com	Security man	KADUNA STATE	JAMAA	KWAGINI	07047375450		NATIONAL ID	33609965054	FCT	SAMUEL TITUS	07047375450	3	₦ 30,0
3	KONOJE	DANDY	ETIM	A22 Section K Kingstown ESTATE LIFECAMP.	10/09/1987	M	S	003	15/11/21	konojedan@gmail.com	ADMIN OFFICER	CROSS-RIVER	YAKURR	UGEP	08101372114		NATIONAL ID	48647459501	FCT	ESTHER DANDY ETIM	08081661258	1	₦ 45,
4																							
5																							
6																							225,

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

EMPLOYEES' COMPENSATION ACT, 2010

Employers' Schedule of Payments

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SN	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identity	Means of Identity Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remu
1	MISAN		AKPOTO HWO	41 Crescent Plot 302, Fed housing. Lapbe	16 12 78	M	M.	001	18/01/2022	misan 4OTS@ gmail. com	Manager	DELTA State	Urhuwi	Warri	07031871469	09099992731	NATIONAL ID	79018360633	FCT	DEKO ONUWAJE	08033346510	4	₦ 150,
2	TITUS	FRIDAY	ZAPANTA	No 7 ABAGANA St., DAWAKI	19/08/1980	M	M	002	18/01/2022	Eheany rotCompany @yahoo .com	SECURITY man	KADUNA STATE	JAMAA	KWAGIRI	07047375450		NATIONAL ID	33629965054	FCT	SAMUEL TITUS	070473754 50	3	₦30,0
3	KONOJE	DANDY	ETIM	A22 SECTION C Kingstown ESTATE LifeCamp.	10/09/1997	M	S	003	15/11/21	konojedan@ gmailcom	ADMIN OFFICER	CROSS-RIVER	YAKURR	UGEP	08101372114		NATIONAL ID	48843459501	FCT	ESTHER DANDY ETIM	08081661258	1	₦45,
4																							
5																							
6																							225,0

FEDERAL REPUBLIC OF NIGERIA

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NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

Section 38(1)

Mark 'X' as Appropriate

Public/Private Companies [X] Informal Sector Employer [ ] Partnership [ ]

Sole Proprietorship [ ] Others (please specify) [ ]

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

1.1 Employer Name: THE MYROT Company LIMITED

1.2 Incorporation Number: RC1204684

1.3 Address: Street Number: 19

Street Name: F.O WILLIAMS

City: ABUJA

Local Govt: AMAC

State: FCT

1.4 Postal Address: 19 DAN SULEIMAN STREET UTAKO

1.5 Tel Number: 08036779801

1.6 Fax Number:

1.7 Email: themyrotcompany@yahoo.com

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 Did business start prior to the Act? Yes [ ] No [ ]

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

2.1 Surname: Odogwu

First Name: Michael

Middle Name:

Tel. Number: 08036779801

Position: CEO

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 [ ] Telecom [✓] Others (please specify):.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: ..... Position: C.E.O Date: 21/02/2022

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