



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)

AMBESS INVESTMENT LIMITED

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	MURRAY	SCOTT	MURRAY	Plot 1, Phase 1, Elitist	01/11/82	M	MARRIED	1001	01/03/2015		MAN	PLATEAU STATE	RIYOM	JOS	09071371		DRIVER LICENSE	JOS	THOMAS	3	20,000
2	MURRAY	MURRAY	MURRAY	No 5, Phase 1, Elitist	11/11/86	M	MARRIED	1002	01/11/2015		DRIVER	PLATEAU STATE	RIYOM	JOS	09028033001		DRIVER LICENSE	JOS	MURRAY		20,000
3	MURRAY	MURRAY	MURRAY	No 5, Phase 1, Elitist	11/11/86	M	MARRIED	1002	01/11/2015		DRIVER	PLATEAU STATE	RIYOM	JOS	09028033001		DRIVER LICENSE	JOS	MURRAY		20,000
4	MURRAY	MURRAY	MURRAY	No 5, Phase 1, Elitist	11/11/86	M	MARRIED	1002	01/11/2015		DRIVER	PLATEAU STATE	RIYOM	JOS	09028033001		DRIVER LICENSE	JOS	MURRAY		20,000
5																					
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.

AUTHORIZED SIGNATORY

NAME OF OFFICER

POSITION

160,000

THE UNIVERSITY OF CHICAGO

THE

A dark, textured, oval-shaped object, possibly a piece of fabric or a small animal, lying on a light-colored, textured surface. A small, dark, rectangular object is visible in the upper left corner.