ECS.RE01

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: TRIPPLE-ZEE GENERAL CONTRACTOR NIG. LTD
1.2 Incorporation Number: RC1893906 1.3 Address: Street Number: SUITE 8
Street Name: MAGODO SHOPPING City: ARCADE AYODELE
Local Govt: FANOIKI STREET State: PHASE2 LAGOS
1.4 Postal Address: SUITE8 MAGODO SHOPPING ARCADE AYO FANOIKI
1.5 Tel Number: 09163098308 1.6 Fax Number: 09163098308
1.7 Email: zeezfarms1001960.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: AKANBI Middle Name: ADEBAYO
First Name: ABDULAZEEZ Position: CEO/DIRECTOR
Tel. Number: 09163098308 Mode of identification: National I.D. [ ] or Drivers Licence [ ] or
International Passport [ ] Specify ID. Number: 28956058999

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: [signature] Position: CEO | DIRECTOR Date: 22/05/2023

Surname AKANBI First Name: ABDULAZEEZ Official Stamp (if any): [signature]

TRIPPLE-ZEE GENERAL CONTRACTOR NIGERIA LTD

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)

EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TLTLE	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
Abdulazeez	Adesoye	Ilorin	22-10-88	M	married	01		zeezfarm [illegible]	C.E.O	Kwara	Ilorin East	Ilorin	09163988308		NIN	Kwara	Adesoye	3	40,000
Maryam	Omotosi	Magaji/Sagas	9/6/83	F	married	02		maryzee[illegible]@yahoo.com	Manager	Kwara	Ilorin South	Ilorin	08064[illegible]		NIN	Kwara	Akanbi	3	30,000
Mary	Omotolahe	Magaji	30/11/2001	F	Single	03	[illegible]	omotolahe mary@yahoo.com	Secretary	Kwara	Ilorin South	Ilorin	09078745967		NIN	Kwara	Mary	2	30,000
																			100,000

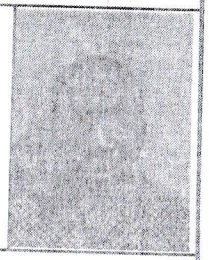
D BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
D BE COMPLETED ANYTIME PAYMENT IS MADE.

ATORY: [signature]   NAME OF OFFICER: Akanbi . A . A .   POSITION: C.E.O

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: S7Y0NZD6C00055N	Surname: AKANBI	Address: MAGODO ESTATE	
NIN: 28956058099	First Name: ABDULAZEEZ		
	Middle Name: ADEBAYO		
	Gender: M	MAGODO LA	

Note: The ***National Identification Number (NIN) is your identity.*** It is confidential and may only be released for legitimate transactions.

You will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Commission 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria