FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

(Any wrong information/declaration is an offence and is punishable under Sections 39 and 65 of the ECA 2010)

PART 1: TYPE OF BUSINESS

(Mark 'X' as Appropriate)

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

Others (please specify) [ ].....

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: TUNASKO WORLD OF BIZ LIMITED

2.2 Incorporation Number: RC1108808 2.3 Address: 12 Ochanja Onitsha

Local Govt.: Onitsha South State: Anambra

2.4 Postal Address:

2.5 Tel. No. 1: 08030528887 Tel. No. 2:

2.7 Email: femi23j@yahoo.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: ASOEGWU Middle Name: Anthony

First Name: Ukhenma Position: Manager

Tel. Number: 08030528887 Mode of Identification: National ID. [✓]

Driver's License [✓] International Passport [ ] Specify ID. Number: AYM02852AA02

PART 4: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify):....

General Contracts

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: Manager Date: 19/5/2023

Surname: ASOEGWU First name: Anthony Official Stamp (if any):.....

April 2013 — Dec. 2019

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)

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 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
1	Emmanuel	Nnaemeka	Onyia	Ogbaru	5/5/88	m	S	01	7/5/19			Anambra	Ogbaru	Ogbaru					Emma		18,000
2																					
3	Asoegwu	Ifechenna	Anthony	Idemili	17/9/82	m	m	02	4/7/15			Anambra	Ogbaru	Ogbaguka					Ifeche		18,000
4																					
5	Asoegwu	Ifechenna	Precious	Idemili	10/10/92	f	S	03	14/10/15			Anambra	Ogbaru	Ogbaguka					Esther		18,000
6																					
7																					
8																					
9																					
10																					54,000

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.

AUTHORISED SIGNATORY..... *NAME OF OFFICER*..... *POSITION*.....

Jan. 2020 — Dec. 2023

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

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Emmanuel	Nnaemeka	Onjia	Ogbaru	5/5/88	M	S	01	7/5/19			Anambra	Ogbaru	Ogbaru					Emma		30,000
Asoegwu	Uchenna	Anthony	Ichemili	17/5/82	M	M	02	4/7/15			Anambra	Ogbaru	Ogbakpa					Uche		30,000
Asoegwu	Uchenna	Precious	Ichemili	10/10/92	F	S	03	14/10/15			Anambra	Ogbaru	Ogbakpa					Esther		30,000
																				90,000

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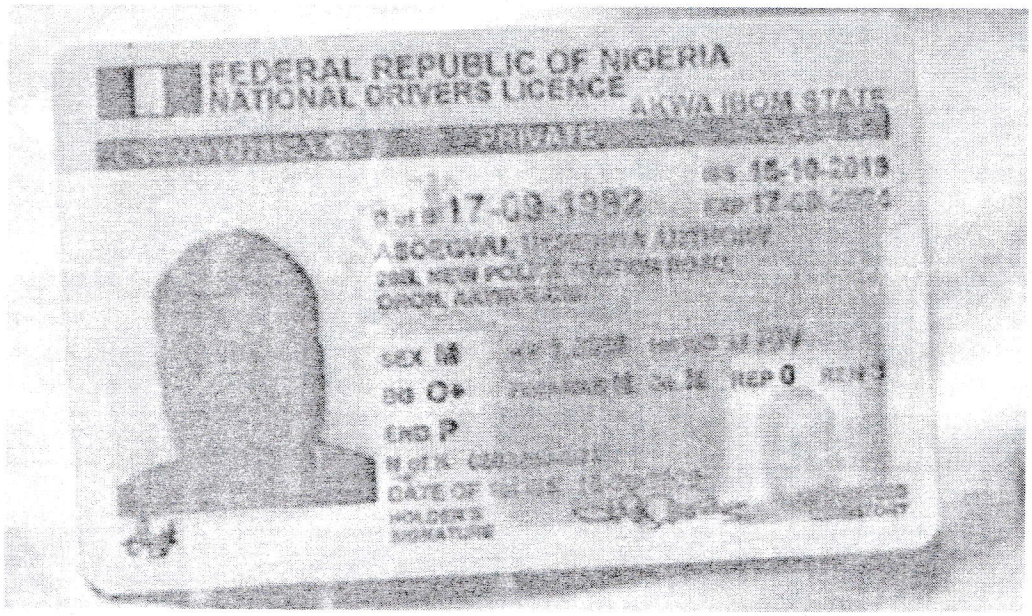
AUTHORISED SIGNATORY.....

NAME OF OFFICER.....

POSITION.....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