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: THINS EVENT FLAVOUR

1.2 Incorporation Number: BN2111730 1.3 Address: Street Number:

Street Name: PLOT C28 GODDY Idams City: FCT

Local Govt: BWARI State: FCT

1.4 Postal Address: PLT C28 Goddy Idams st Nur Richhaedal Academy

1.5 Tel Number: 07061824711 1.6 Fax Number:

1.7 Email: THINSEVENTFLAVOUR@GMAIL.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: ABDULFATAI Middle Name: KAFILAT

First Name: KAFI Position: DIRECTOR

Tel. Number: Mode of identification: National I.D. [ ] or Drivers Licence [✓] or

International Passport [ ] Specify ID. Number: ABC97857AASH

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

.....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: KAFILAT Position: DIRECTOR Date: 12-02-24

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

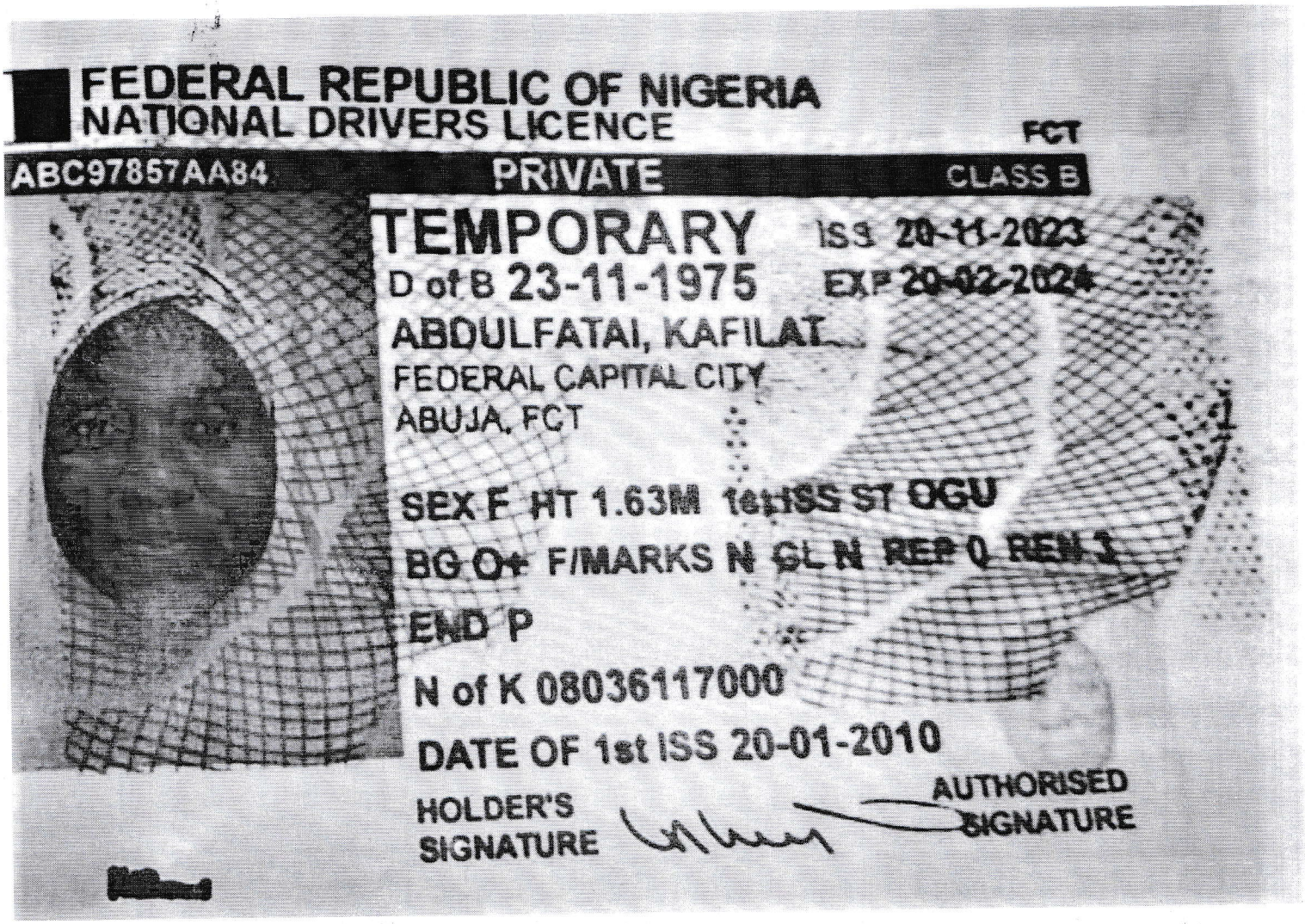
FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)
Employees' Schedule of Payments

TWINS EVENT FLAVOUR

(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	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 Remuneration
1	~~Abdu~~ Safai		Kafi Lat	Dawak	~~28~~ 11 1975	F	M				Director	fei	fei					2447 11					30,000
2	Amar		Jafa	Dawak		M	S				Operation	fei	fei										30,000
3	Mustafa		Abubakar	Dawak		M	M				General Tech	fei	fei										30,000
4																							
5																							
6																							~~70~~ 30,000

Authorized Signatory:..... *Name of Officer:*..... *Position:*.....


FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE
FCT
ABC97857AA84
PRIVATE
CLASS B
TEMPORARY
ISS 20-11-2023
D of B 23-11-1975
EXP 20-02-2024
ABDULFATAI, KAFILAT
FEDERAL CAPITAL CITY
ABUJA, FCT
SEX F HT 1.63M 1st ISS ST OGU
BG O+ F/MARKS N GL N REP 0 REN 1
END P
N of K 08036117000
DATE OF 1st ISS 20-01-2010
HOLDER'S SIGNATURE
AUTHORISED SIGNATURE