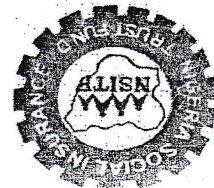


FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)

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: **Ugolu Consult Ltd**

2.2 Incorporation Number: **2005946**

2.3 Address: **Plot**

Local Govt.: **Abia**

State: **Abia**

2.4 Postal Address:

2.5 Tel. No. 1: **08179086941**

2.7 Email: **ugoluconsult@gmail.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: **4-01-2023**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **Amuwo**

First Name: **God**

Tel. Number: **08179086941**

Mode of Identification: National ID [] Specify ID Number: []

PART 4: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐ MDS ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify): **General Contractor**

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: **[Signature]**

Position: **M.D**

Date: **31/8/2023**



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)

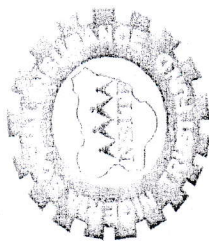
EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TITLE	STATE OF ORIGIN	L.G.A.	TOWN	CONTACT PHONE NO.	ALTERNATE NUMBER	MEANS OF IDENTITY	MEANS ID ISSUED	STATE	NEXT OF KIN	NO. OF DEPENDANTS
Annurabi	Neta	Yad.	Plot 1167 Wuse	27/7/94	F	Single			Original (Signature)	M.C.	Imo	Alkubur	Imo	08179086		Int'l Passport	Int'l Passport		Baraka	2
Orukpa	Stomara	Blum + On	Plot 1167 Wuse	1/8/94	M	Single			Orukpa (Signature)	H.M.	Osun	Egbado South	Alkubur	08063853014		Int'l Passport	Int'l Passport			2
Obare	mapoe	Ogokun		10/4/93	F	Single					Imo	Alkubur North	Alkubur North			Int'l Passport	Int'l Passport			2

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.

SIGNATURE

NAME OF OFFICER

POSITION



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Employer's Schedule of Payments (Actual)
(Section 401(a) of Act)[illegible]

Employer Name:

Employer No:

[illegible]

This form should be duly completed and retained by the employer to reflect the actual earnings of the employees over the period of the report.

period of the report.

Date: 3/8/2023

G. L.

Position:

Authorized Signatory



07 MAR / MARS 28

08 MAR / MARS 23

LAGOS

28 JUL / JUILL 94

NIGERIAN

UU GOLD

ANUNOBI

NGA

FEDERAL REPUBLIC OF NIGERIA

ABUJA HORS

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Passport / Passeport

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DE L'AFRIQUE DE L'OUEST
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FEDERAL REPUBLIC OF
NIGERIA

REPUBLIQUE FEDERALE DU NIGER
REPOMICA FEDERAL DA NIGER

PASSPORT

PASSEPORT
PASSAPORTE