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: GOLD CONSULT LTD
2.2 Incorporation Number: 2005/986
2.3 Address: PLOT 1167 JOHN CHUKWU CRESCENT
Local Govt.: AMAC
State:
2.4 Postal Address:
2.5 Tel. No. 1: 08179086941
Tel. No. 2:
2.7 Email: anawuobi4@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: ANAWUOBI
Middle Name: U U
First Name: GOLD
Position: M.D
Tel. Number: 08179086941
Mode of Identification: National ID. [ ]
Driver's License [ ] International Passport [ ] Specify ID. Number:

PART 4: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]
MDAs [ ] 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: ..... Position: M.D Date: 31/8/2023.

Surname First name Official Stamp (if any)

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 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
Anurobi	Uzu	Gold.	Plot 1161 Wuye	27/7/94	F	Single			[illegible]@gmail	M.D	Imo	Nkwerre	Imo	08179086941		Int'l Passport		Brother	2	30,000
Orokota	Solomon	Oluw[illegible]		3/8/94	M	Single			orolotan1@gmail.com	HRM.	Ogun	Egbado South	Abeokuta.	08063855014		Int'l passport			2	30,000
Okoro	manjoe	Ogochukwu		10/4/93	F	Single					Imo	Ideato north				NIMC		Sister	2	30,000

[THI]S FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
[THI]S FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

[AUTHORIZ]ED SIGNATORY: [signature] NAME OF OFFICER: Anurobi POSITION: M.D

UGOLD CONSULT LTD

ECS.RE04

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Employer's Schedule of Payments (Actual)
(Section 40(1)(a) of Act)

Employer Name: [ ] Employer No: [ ]

S/N	Employee					Total Monthly Earnings		Remarks
	Surname	Other Names	Staff ID No.	Date of birth	Gender	₦	K	
1	Anunobi	Usu		24/7/94	F	₦30,000	=	
	Orokota	Solomon		30/8/94	M	₦30,000	=	
2	Okoro							
3.	Okoro	Manjoe		10/4/93	F	₦30,000	=	
					Sub/Grand Total:	₦90,000	=	

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.

The information therein should reflect any variation in staff disposition in relation to ECS.RE03 earlier submitted.

Authorized Signatory: Ugold Position: MD Date: 31/8/2023.

PASSPORT

PASSEPORT
PASAPORTE

FEDERAL REPUBLIC OF
NIGERIA

RÉPUBLIQUE FÉDÉRALE DU NIGER
REPÚBLICA FEDERAL DA NIGÉRIA

ECONOMIC COMMUNITY
OF WEST AFRICAN STATES

COMMUNAUTÉ ÉCONOMIQUE DES ÉTATS
DE L'AFRIQUE DE L'OUEST
COMUNIDADE ECONÓMICA DOS ESTADOS
DA ÁFRICA DO OESTE

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport

Type / Type P
Country Code / Code du pays NGA
Passport No. / N° Passeport B01826085

Surname / Nom
ANUNOBI
Given Names / Prénoms
UJU GOLD
Nationality / Nationalité
NIGERIAN
Date of birth / Date de naissance
28 JUL / JUIL 94
Sex / Sexe F
Place of birth / Lieu de naissance
LAGOS
Date of issue / Date de délivrance
08 MAR / MARS 23
Date of expiry / Date d'expiration
07 MAR / MARS 28
Authority / Autorité
ABUJA HQRS
Holder's signature / Signature du titulaire

Personal No. / N° Personnel
A09187686
NIN
48123655593