

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 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	SALARY, MONTHLY
1	MARY	UMAR	IBRAHIM	HOUSE 4, LAGOS STATE	APRIL 1966	M	MARRIED	ABUJI	7/07/2022	mary@nsitf.gov.ng	ADMIN	KANO	BAKUR	0706 507 507	0706 507 507	STATE ID	BAKUR	WIFE	4	30,000	
2	IBRAHIM	UMAR	UMAR	HOUSE 4, LAGOS STATE	AUG 1976	M	MARRIED	ABUJI	10/10/2022	ibrahim@nsitf.gov.ng	ADMIN	KANO	BAKUR	0706 507 507	0706 507 507	STATE ID	BAKUR	WIFE	3	30,000	
3	KEIN	KEIN	YEMI	HOUSE 4, LAGOS STATE	AUGUST 1958	M	MARRIED	ABUJI	06/07/2022	kein@nsitf.gov.ng	ADMIN	KANO	BAKUR	0706 507 507	0706 507 507	STATE ID	BAKUR	WIFE	3	30,000	
4																					
5																					
6																					
7																					
8																					
9																					
10																					

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

NAME OF OFFICER

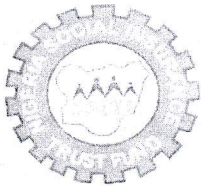
NAME OF OFFICER

NAME OF OFFICER

POSITION

POSITION

Minister
LIMITS



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: UMORA LIMITED

2.2 Incorporation Number: NO 1969171

2.3 Address: NO 4

Local Govt.: AMAC

State: FCT

2.4 Postal Address:

2.5 Tel. No. 1: 05035222934

Tel. No. 2:

2.7 Email: aledarekeleinde64@gmail.com

2.8 Does Employer have other branches and subsidiaries? Yes ☐ No ☒ If "Yes", fill attached form (ICS-REG01b)

2.9 Year of Establishment/Incorporation: 30 August 2022

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: MANTU

Middle Name: UMAR

First Name: IBRAHIM

Position: M.D

Tel. Number: 05087988389

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):

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:

M.D

Position:

DIRECTOR

Date:

8/9/2022

Surname: MANTU

First name: UMAR

Official Stamp (if any):

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