



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)

UPBANK TECH INNOVATIONS AND CONSULTANCY SERVICES LTD.

EMPLOYEE MIDDLE NAME	EMPLOYEE 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
Haruna	Abdullahi	16, 200 16, 200 16, 200	12/12/88	M					pm	Borno State									39,000
Haruna	Gerba	16, 200 16, 200 16, 200	11/11/91	M					pm	Borno State									31,000
	Isaiah	16, 200 16, 200 16, 200	07/11/89	M					pm	Borno State									33,000
																			94,000

Jul 2022 - Dec 2023

94,000 X 18 months

16,200

NSITF KAGINE BRANCH
ACCOUNT UNIT
Name: Abdullahi
Signature: [Signature]
Date: 05.05.2023

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

NAME OF OFFICER: **BASHIR SALAM** POSITION: **M.D.**

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: **URBAN TECH INNOVATIONS AND CONSULTANCY SERVICES LTD.**
2.2 Incorporation Number: **1953675**
2.3 Address: **NO. 21, MAHATMA STREET, OFF LORD LUGARD STREET, AKERU II, GARKI, ABUJA, NIGERIA**
2.4 Postal Address: []
2.5 Tel. No. 1: **08132073167** Tel. No. 2: []
2.7 Email: **CS@urban501@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: **19/07/2022**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **BASHIR** First Name: **SALIM** Position: **M.D** Mode of Identification: National ID ☒ International Passport [] Specify ID Number: []
PART 4: BUSINESS SECTOR CATEGORIES:
Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐
MIDAS ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify): **Gen. Contracts**

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: **M.D** Date: **5/9/2023**
Surname: **BASHIR** First name: **Salim** Official Stamp (if any): []
Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng





National Identity Management System



Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID:	57Y00QZNK00064P	Surname:	BASHIR	Address:	BIDAWA STR
NIN:	34282005943	First Name:	SALIM		
		Middle Name:			
		Gender:	M		
				AZARE	
				BA	

Note: The *National Identification Number (NIN)* is your identity. It is confidential and may only be released for legitimate transactions. You will be notified when your National Identity Card is ready (for any enquiries please contact)

0700-CALL-NINIC

National Identity Management Commission