

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: **VERAD SEF NIGERIA LIMITED**
2.2 Incorporation Number: **80-8-2002**
2.3 Address: **4 Avenue, Dike State, Imbora, Fed**

Local Govt.: **FE**
2.4 Postal Address: **State Imbora, Fed**
2.5 Tel. No. 1: **080623024034**
2.7 Email: **hali@yaho.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: **PC 160441**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **ABAYE** First Name: **ABAYE** Middle Name: **ABAYE**
Tel. Number: **080623024034** Mode of Identification: National ID []
Position: **HR MGR**

PART 4: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐
MDAs ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Telecom ☐ Others (please specify): **GEN - CONSTRUCTION**

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: **ABAYE** Position: **HR MGR** Date: **23-05-23**
First name: **ABAYE** Surname: **ABAYE** Official Stamp (if any):

Tel: + 234-92918900; + 234-7031781614; email: info@nsitf.gov.ng; website: www.nsitf.gov.ng



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
 (Employees' Compensation Act, 2010)
Employer's Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

VERAO SEP NIGERIA LIMITED

Employee Information				Total Monthly Emoluments			Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	
1	ADAMS	RUBAFA	18-9-75			F	187000
2	PRINCEVICL	TUBO NGAO	22-5-72			M	187000
3	ADAMS	TAINDO	10-10-80			M	187000
July 2011 - Dec 2019							
Sub/Grand Total:							541000

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the

period of the report. **RUBAFA**

Authorized Official:

Position:

Mark

Signature/Date: **23-05-23**

VERGO SEP NIGERIA LIMITED

(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 45 of the ECA 2010).

Employee Last Name	Employee Middle Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee Start Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone No	Alter Phone No	Means of Identity	Means of Identity Number	Means of Identity State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration
Richards	Anthony	Hse 32 Avenue 2 Officer's Quarters Camp	19/05/82	M	Married	0002	01/01/2020	holadon @yahoo	MGR	Combe	Combe	Combe	08022458	08022458	None	0000000000	None	James	0000000000	0	20,000
TURBO	INCENTIVE	250 ST. ANNE'S STREET LAGOS	22/05/82	M	Single	0002	01/01/2020	princewill @yahoo	ADMIN	RIVERS	Asheley	Asheley	0804040308	0804040308	None	0000000000	None	James	0000000000	0	20,000
THAWA	OSUN	250 ST. ANNE'S STREET LAGOS	10/10/80	M	Single	0003	01/01/2020	princewill @yahoo	LOGISTICS	BAU	Oba	Oba	08035588	08035588	None	0000000000	None	James	0000000000	0	20,000
																					90,000

Jan 2020 - Dec 2023

James

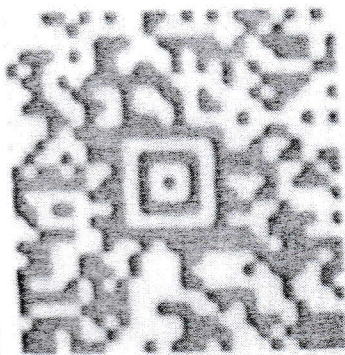
mgr

23-05-23

Kindly ensure you scan the barcode to verify the credential

7117 094 0028

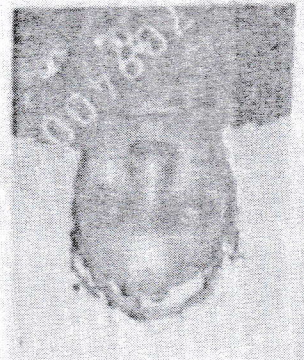
NATIONAL IDENTIFICATION NUMBER



Date of Birth
18 Sep 1975

Given Name/Family Name
RUKAYA

Surname/Name
ADAMU



NGA