FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)
Employees' Schedule of Payments
(Any wrong information/declaration is an offence and is punishable under section 39, 40 and 65 of the ECA 2010).

SN	Employee First Name	Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employment Date	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alternate Phone	Means of Identity	Means of Identity Number	Means of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependants	Monthly Remuneration
1	NANCY		OKORIE		25/10/89	F	Single	001	11/1/24		ACCT	CRS	BEKWARRA	CHAKEM	08067718878		NIN	A01292308 24	CRS			Nil	30,000
2																							[illegible]
3	ELIZABETH		OTUMANURA		1/11/70	F	Married	002	11/1/24		~~Staff~~ Manager	CRS	BEKWARRA	GAKEM	08037865928		NIN	A012632 84CP	CRS			2	30,000
4																							
5	JOHN	UJIM	ADAH		11/11/2000	M	Single	003	11/1/24		Head of Admin	CRS	BEKWARRA	GAKEM	08032656792		NIN		CRS			Nil	30,000
6																							90,000

January 2020 – Dec 2024
60 months × 9N = ₦54,000

→ July 2011 – Dec 24

Authorized Signatory:.............. Name of Officer:.............. Position:..............

₦54,000 + ₦20,400 = ₦74,400

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED
Name: Hamid C.
Sign:
Date: 31/1/2024

ECS.RE03

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).

S/N	Employee Information						Total Monthly Emoluments		Remarks
	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
	Okorie	Nancy			–	F	20,400		
	July 2011 – Dec 2019								
		102 x 200							
		= ₦20,400				Name: ... 31/1/2024			
					Sub/Grand Total:		20,400		

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.

Authorized Official: Joshua Fashola Position: MD Signature/Date: 31/1/24

ECS.RE01

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

Section 39(1)

Mark 'X' as Appropriate

Public/Private Companies [ ] Informal Sector Employer [ ] Partnership [ ]

Sole Proprietorship [ ] Others (please specify) [ ]

PART 1: PARTICULARS OF BUSINESS (for MDAs, public and private companies):

1.1 Employer Name: VERINI CONSTRUCTION COMPANY LTD

1.2 Incorporation Number: RC430348 1.3 Address: Street Number: 11

Street Name: WUSHISHI STREET City: UTAKO

Local Govt: AMAC State: FCT

1.4 Postal Address:

1.5 Tel Number: 08032334038 1.6 Fax Number:

1.7 Email: verini@gmail.com

1.8 Does Employer operate in other locations? Yes [ ] No [ ]. 1.9 If yes give details: .....

.....

1.10 If yes in 1.9, do you intend to pay contribution centrally? Yes [ ] No [ ].

1.11 Did business start prior to the Act? Yes [ ] No [ ]

PART 2: PARTICULARS OF OWNER(S) OF ORGANIZATION (for Partnership & Sole Proprietorship):

2.1 Surname: Joshua Middle Name:

First Name: Innocent Position:

Tel. Number: Mode of identification: National I.D. [ ] or Drivers Licence [ ] or

International Passport [ ] Specify ID. Number:

PART 3: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify):.....

..... G I Concrete .....

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

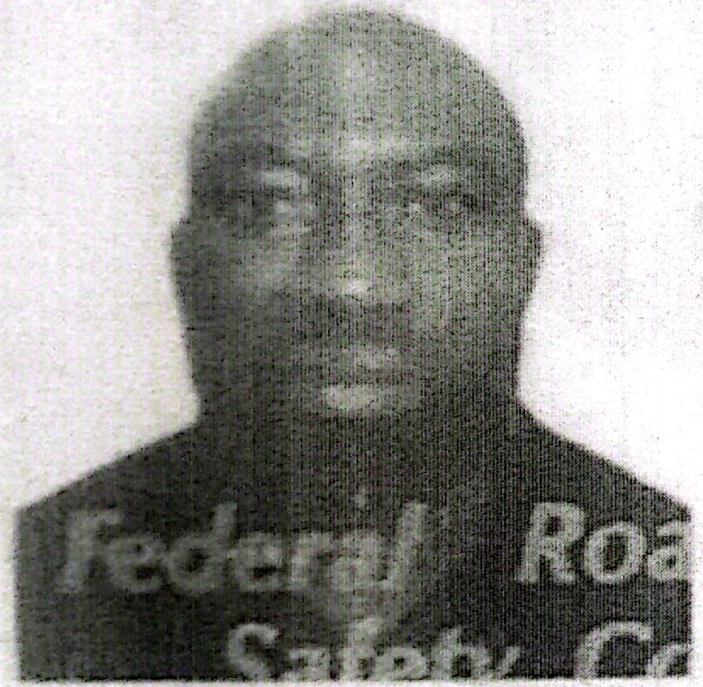
Signature or Thumb Print: ..... Position: Mgr Date: .....

Surname Joshua First Name: Innocent Official Stamp (if any): .....

FEDERAL REPUBLIC OF NIGERIA
NATIONAL DRIVERS LICENCE

FCT

LNO GWA 01632AA2 | PRIVATE | CLASS B



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JOSHUA, SORSHIMA

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DATE OF 1st ISS 06-05-2009

HOLDER'S SIGNATURE

AUTHORISED SIGNATORY