



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: WELL INVENTION LIMITED

1.2 Incorporation Number: 16755

Street Name: Street of O.P. 1532

Local Govt: Abuja

1.4 Postal Address: 16755

1.5 Tel Number: 0912212127

1.6 Fax Number: 0912212127

1.7 Email: 0912212127

1.8 Does Employer operate in other locations? Yes [] No []

1.9 If yes give details: 0912212127

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: Sander

First Name: Isaiah

Middle Name: Mr. D

Position: General Controller

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

Tel. Number: 0912212127

International Passport [] Specify ID. Number: 0912212127

PART 3: BUSINESS SECTOR CATEGORIES:

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

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

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [Signature]

Position: MD

Date: 22/12/2022

Surname: [Signature]

First Name: [Signature]

Official Stamp (if any): [Signature]



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(EMPLOYEES' COMPENSATION ACT, 2010)
Employees' Schedule of Payments

WELL INTERVENTION LIMITED

(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	DOB	Gender	Marital Status	Employee ID	Employee 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	Abdullah	Isa	Lamidi			Male	Married	002 001															30000
2	Abdullah	Muhammed				Male	Married	002 002															30000
3	Abdullah	Idris				Male	Married	002 003															30000
4																							7
5																							7
6																							90000

Authorized Signatory:  Name of Officer: Abdullah Position: HRD



National Identity Management System

Federal Republic of Nigeria
National Identification Number Slip (NINS)



Tracking ID: SGG11SP0000NY	Surname: OKADIGBO	Address: 5023 BEECH FERN DR	
NIN: 21929977108	First Name: BENJAMIN	RICHMOND Texas	
Middle Name: UDEMEM			
Gender: M			

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)

helpdesk@nlmc.gov.ng	www.nlmc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Commission 11, Sokode Crescent, Off Dabada Street, Zone 5 Wuse, Abuja Nigeria
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Original copy signed by me
12/12/13
[Signature]



National Identity Management System
Federal Republic of Nigeria
National Identification Number Slip (NINS)



Tracking ID: SGG11SP0000NY	Surname: OKADIGBO	Address: 5023 BEECH FERN DR
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Original copy figured by me
12/12/18
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