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: WOODS BT FUNCHLEY LTD

2.2 Incorporation Number: RC1905807 2.3 Address: Plot 3412, Bin Mark Plaza Jabi Abuja

Local Govt.: AMAC State: FCT

2.4 Postal Address: Same As Above

2.5 Tel. No. 1: Tel. No. 2:

2.7 Email: sekanem22@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:

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Richard Middle Name: Sarah

First Name: Ekanem Position: Mgr

Tel. Number: sekanem22@gmail.com 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):.... General Contracts

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:[signature] Position: Mgr Date: 6/1/22

Surname: Richard First name: Ekanem Official Stamp (if any):........

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

Acct
99XX Ahmed
A/1890

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)

WOODS BY FINCHLEY LTD.

APRIL 2022 - DECEMBER 21

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 TLTLE	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																					
2	Ahmed	Habib	Ahmed	Gude Agege	1970	M	M	001	2022	/	Mgr	Kano	Fasumi	Fasumi	/		NIN	KANO	/		30,
3																					
4																					
5	Ahmed	Biliyamin	A	Gude Agege	1992	M	S	002	2022	/	ADMIN	Kano	Fasumi	Fasumi	/		NIN	KANO	/		3[illegible]
6																					
7																					
8																					
9	Ochonu	James	Thomas	Chisimpe Agege	1994	M	S	003	2022	/	SEC	ENUGU	ENUGU SOUTH	OKPARA	/		NIN	KANO	/		34,
10																					

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

AUTHORISED SIGNATORY..........

NAME OF OFFICER: Ahmed Habib

POSITION: Mgr

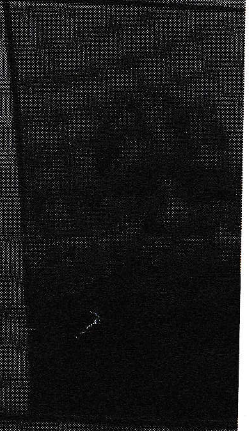
National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Nimc

Tracking ID: STY0ORZLF000PW6	Surname: AJALA	Address: BLOCK 47 FLAT3 LSDPC HOUSING ESTATE	
[illegible]1346560	First Name: KAZEEM		
	Middle Name: OLAKANMI		
	Gender: M	EBUTE-METTA LA	



The National Identification Number (NIN) is your identity. It is confidential and may only be released for [illegible]

[illegible] will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Commission 11, [illegible] Street, Off [illegible] Street, Zone 5 [illegible]