

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION OR OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

WCOs Innovation Limited

Dec 2022 - Dec 2023
13 months

EMPLOYEE MIDDLE NAME	EMPLOYEE LAST 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
Abdullahi	Abdullahi	Abdullahi	1998	M	S	001	2023	abdullahi@wco.com	Abdullahi	Abdullahi	Abdullahi	Abdullahi	09012345678	09012345678	NIN	Abdullahi	Abdullahi	1	1000000
Abdullahi	Abdullahi	Abdullahi	1998	M	S	002	2023	abdullahi@wco.com	Abdullahi	Abdullahi	Abdullahi	Abdullahi	09012345678	09012345678	NIN	Abdullahi	Abdullahi	1	1000000
Abdullahi	Abdullahi	Abdullahi	1998	M	S	003	2023	abdullahi@wco.com	Abdullahi	Abdullahi	Abdullahi	Abdullahi	09012345678	09012345678	NIN	Abdullahi	Abdullahi	1	1000000

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

SIGNATORY

NAME OF OFFICER

POSITION

Abdullahi Abdullahi

At 17/09/2023

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: ZENITH INVESTMENT LIMITED

2.2 Incorporation Number: RC 0553767

2.3 Address: Suite 119, Buraimi Plaza, 1st Floor, Plot 1, Phase 1, Lekki Phase 1, Lagos State

State: Lagos

Local Govt.: Alimosho

2.4 Postal Address: Suite 119, Buraimi Plaza, 1st Floor, Plot 1, Phase 1, Lekki Phase 1, Lagos State

2.5 Tel. No. 1: 0810163960

Tel. No. 2:

2.7 Email: zenithinvestmentsltd@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: Ekele

First Name: Oluwalanle

Position: Manager

Mode of Identification: National ID []

Tel. Number: 0810163960

PART 4: BUSINESS SECTOR CATEGORIES:

Construction ☐ Mining ☐ Banking & Finance ☐ Manufacturing ☐ Aviation ☐

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

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

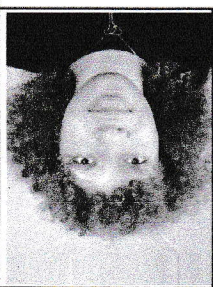
Signature or Thumbprint:

Position:

Date:

First name: Oluwalanle

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: 14102PYUH0003F4	Surname: ATOLAGBE	Address: PLOT 666, STREET A PHASE A ACO ESTATE LUGBE FCT ABUJA	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)
NIN: 53259334622	First Name: PRISCILLA	Gender: F Middle Name: KELVIN FCT Abuja LUGBE	
helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Commission 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria