



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).

ZENITH ENERGY SERVICES LIMITED

JAN. 2020 - DEC. 2024

S	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 Identification	Means of Identification Number	Next of Kin	Next of Kin Number	NO of Dependents	Monthly Remuneration
1	LUKSONI	JOY	LUKSONI	PH								ABOKI	WARRI									300,000
2	WENNA	FRANKLIN	FRANKLIN	BUWATE								ABOKI	DELTA									300,000
3	ABOKI	ANNE	ANNE	KALABU								LEGBI	OMU									300,000
4																						
5																						
																						90,000

JAN 2020 - DEC 2024 = 60 MONTHS

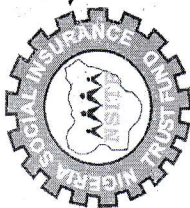
10% = 900 x 60 = 54,000

54,000

55,055

109,055

NAME: ...
SIGN: ...
DATE: ...
SITE KAUNINGI BRANCH
NSITF
ACCHECKED



FEDERAL REPUBLIC OF GERMANY

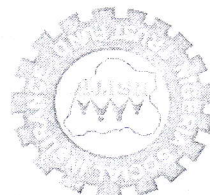
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
(Employees' Compensation Act, 2010)
Employer's Schedule of Payments

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

Employee Information							Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	KUSUDENACHAI	GROSPOWER					18,000		
2	UCHENNA	OKECHI					18,000		
3	ADEMI	ANURU					18,000		
	Jul. 2011 - Dec: 2019 = 102 months								
	$18 \times 540 \times 102 = \text{N}55,080$								
Sub/Grand Total:								<u>54,000</u>	

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.

period of the report. Authorized Official: Echelt A. Anderson Position: Asst. Dir. Signature/Date: Echelt



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 ENERGY FINANCES LIMITED
2.2 Incorporation Number: RC605372
2.3 Address: NO 239
2.4 Postal Address: MEKITA PLAZA
2.5 Tel. No. 1: 080507443079
2.6 Tel. No. 2: 080507443079
2.7 Email: washindtaylor@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: SEPT 2008

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: ANEKWE
First Name: CHITTA
Tel. Number: 080507443079
Mode of Identification: National ID []
Specify ID. Number: AN669715
Driver's License [] International Passport []
PART 4: BUSINESS SECTOR CATEGORIES:

Construction [] Mining [] Banking & Finance [] Manufacturing [] Aviation []
MDS [] Oil & Gas [] Agriculture [] Energy [] Telecom [] Others (please specify): General Contractor

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint: M. S. Date: 2/4/2024

Surname: S. B. First name: ANEKWE Official Stamp (if any):

A vertical sequence of ten frames showing the progression of a handwritten digit '0' from a sparse dot pattern to a solid black shape.