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).

ZIPSONE INTEGRATED LTD

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 Re
1																							
2																							
3																							
4																							
5																							
6																							

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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: ZIPSMILE INTEGRATED LTD

1.2 Incorporation Number: RC1874913 1.3 Address: Street Number: Plot 24, 69

Street Name: Road, By Casino Shop City: Gwarinpa

Local Govt: Bwari State: FCT

1.4 Postal Address: Same As Above

1.5 Tel Number: 08035763333 1.6 Fax Number:

1.7 Email: [illegible]@yahoo.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: Kamfi Middle Name: Abdullahi

First Name: Hamid Position: Mgr

Tel. Number: 08035763333 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): General Company

PART 4: DECLARATION BY EMPLOYER OR AUTHORISED PERSON:

I certify that the above particulars are correct

Signature or Thumb Print: [signature] Position: Mgr Date: 19/4/22

Surname: Kamfi First Name: Hamid Official Stamp (if any): ....