



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)

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 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
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
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 SIGNATURE.....
NAME OF OFFICER.....
POSITION.....

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: ZONAL & CONSTITUENCY PROJECTS LIMITED

2.2 Incorporation Number: RC1486301

2.3 Address: NO 11

2.4 Postal Address: KERE CLOSE PM KUBWA ABUJA

2.5 Tel. No. 1: 08132117299

2.6 Tel. No. 2: 08036478127

2.7 Email: dwi@kera.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: 12-04-2015

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: OLIME

First Name: CHIKELU

Mode of Identification: National ID [] Specify ID. Number: SCM07026AA

Driver's license [] International Passport []

PART 4: BUSINESS SECTOR CATEGORIES:

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

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

GENSTATE GEN FINE CO

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Position:

M.D

Date:

23/01/2023

Signature or Thumbprint: Michael

First name: Michael

Official Stamp (if any):

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

