KWARA STATE POLYTECHNIC

P.M.B. 1375, ILORIN-NIGERIA
siwesunit@kwarastatepolytechnic.edu.ng

STUDENTS' INDUSTRIAL WORK EXPERIENCE SCHEME (SIWES)

TRAINING LOG BOOK

STUDENT'S SURNAME: ABDULMUTHALIB

OTHER NAMES: OLAMILEKAN ABDULMUTHALIB

COURSE OF STUDY: BANKING AND FINANCE

MATRICULATION NUMBER: ND/23/BFN/PT/0012

PLACE OF ATTACHMENT: AXODIMEJI OLALEKAN & CO

BANK NAME: ACCESS ACCT. NO.: N6148952[illegible] SORT CODE: .....

NAME OF COMPANY/ORGANIZATION: AXODIMEJI OLALEKAN & CO (CHARTARED ACCOUNTANTS & TAX PRACTIONERS

LOCATIONAL ADDRESS OF COMPANY/ORGANIZATION (Street No, Street Name, Town and State: No 85, IBRAHIM TAIWO ROAD, ILORIN KWARA STATE.

TEL/GSM: 08030667064 E-MAIL: Consultaoc@yahoo.com

NAME OF OFFICER IN CHARGE OF SIWES IN THE COMPANY: MRS OYELEKE RISIKAT.

STUDENT'S PARTICULAR

SIWES DATE 06/10/25 ILORIN AREA OFFICE

NAME OF STUDENT: ABDULMUTHALIB OLAMILEKAN ABDULMUTHALIB

INSTITUTION: INSTITUTION OF FINANCE AND MANAGEMENT STUDIES

MATRICULATION NUMBER: ND/23/BFN/PT/0012

COURSE OF STUDY: BANKING AND FINANCE

DATE OF BIRTH: 07/05/2006

CONTACT ADDRESS: No 85, EDUN STREET, ILORIN KWARA STATE

PHONE NUMBER: 07069985477

SIGNATURE OF THE STUDENT: [signature]

NAME OF THE COMPANY/ESTABLISHMENT AND ADDRESS: AYODIMEJI OLALEKAN & CO. CHARTERED ACCOUNTANTS

NAME & SIGNATURE OF THE INDUSTRY-BASED SIWES COORDINATOR:

G.S.M NUMBER OF INDUSTRY-BASED SIWES COORDINATOR:

(I)..... (ii).....

NAME & SIGNATURE OF THE POLYTECHNIC-BASED INDUSTRIAL COORDINATOR:

POLYTECHNIC STAMP & DATE:

WEEK NO: 1

WEEK ENDING: 30/09/2024 - 4/10/2024
(Last working day of the week)

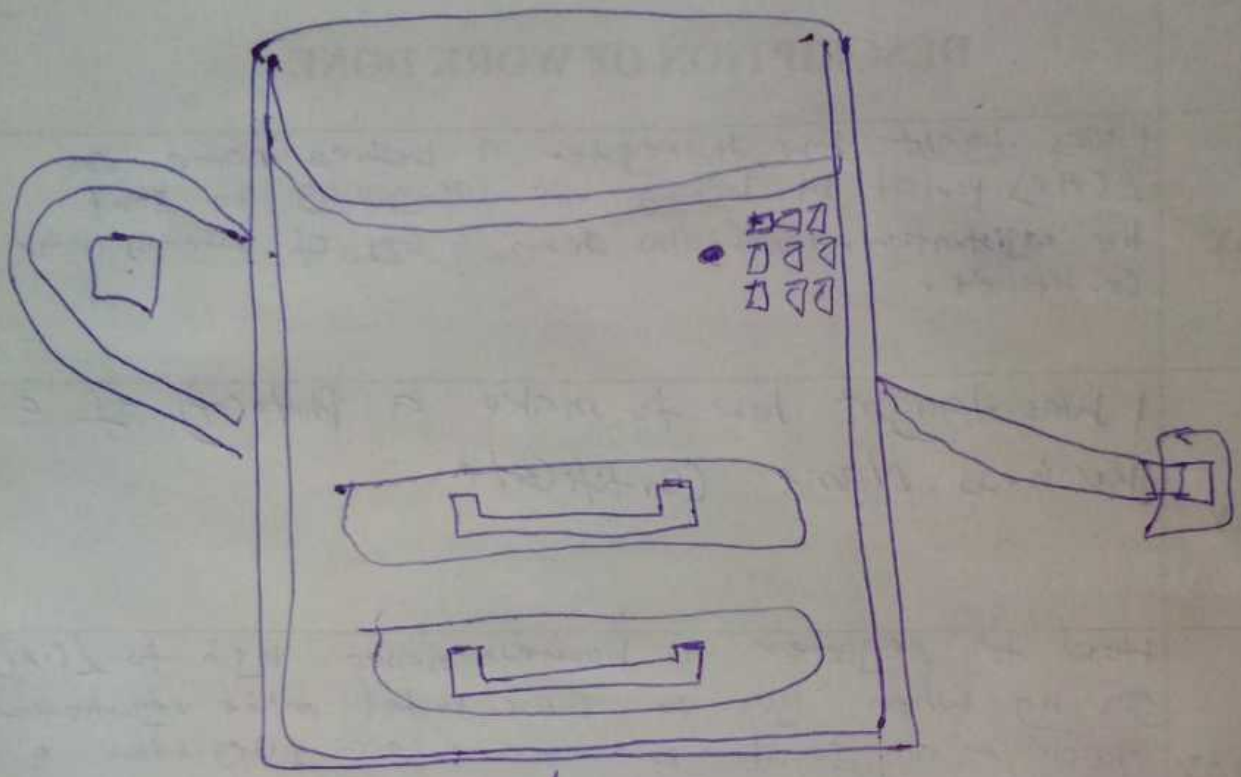
WEEKLY PROGRESS SHEET

DAY & DATE	DESCRIPTION OF WORK DONE
MONDAY	Introduction -> The name of the firm is AYODI-MEJI OLALEKAN & CO (A CHARTERED ACCOUNTANTS & TAX PRACTIONERS), Located at 85, Ibrahim Taiwo Road, Ilorin Kwara State. I was introduced to the staff of the Company.
TUESDAY	PUBLIC HOLIDAY
WEDNESDAY	The firm is into Consultancy services, as an agent to ~~Public~~ Corporate ~~Affair~~ Commision (CAC), as a Tax Consultant, external Auditor etc-
THURSDAY	Incorporation of Company:- the first thing to do before starting a business the person should firstly think about the business he/she want to get in. Consider the environment if it will be very comfortable and profitable if he starts The business, having the idea of the business and having more knowledge about the bussiness and register with
FRIDAY	Requirement of Registration of Business Name. (i) Two options of Name, Nature of Business, Proprietors Information, Office and residential address, valid email and Phone number, passport photograph, Scanned signature.
SATURDAY	

Date:.....

FOR THE SKETCHES, DIAGRAMS AND GRAPHS

(Additional diagrams may be attached where necessary)



PHOTOCOPY MACHINE

Student's Signature: ~~4/10/2024~~ ..... Date: 4/10/2024

Comments by Industrial-Based Supervisor: She is willing to learn.

Name: Oyeleke R-F (Mrs)

Signature: ..... Date: 4/10/2024

WEEK NO: 2

WEEK ENDING: 7/10/2024 - 11/10/2024
(Last working day of the week)

WEEKLY PROGRESS SHEET

DAY & DATE	DESCRIPTION OF WORK DONE
MONDAY	I was taught how to register a business name on (CAC) portal by logining into cac.gov.ng to start the registration. I was also shown a copy of business name certificate.
TUESDAY	I was taught how to make a Photocopy of a Business Name Certificate.
WEDNESDAY	How to register a business name login to (cac.gov.ng when you to C.A.C portal online registration check on it go to pre-incorporation (Register a Company with your availability code)
THURSDAY	login to your account on C.A.C portal. when you login to their portal we have Registration of name chek on it ① classification - Type ② specific Type ③ proposed name submit and awaiting for approval or denial.
FRIDAY	I was taught how to make record of a company Revenue through FIRS portal
SATURDAY	

Date:.....

FOR THE SKETCHES, DIAGRAMS AND GRAPHS

(Additional diagrams may be attached where necessary)

Student's Signature: ..... Date: 11/10/2024

Comments by Industrial-Based Supervisor: He pay more attention and listen carefully.

Name: Oyelake R. F (Mrs)

Signature: ..... Date: 11/10/2024

WEEK NO: 3

WEEK ENDING: 14/10/2024 – 18/10/2024

(Last working day of the week)

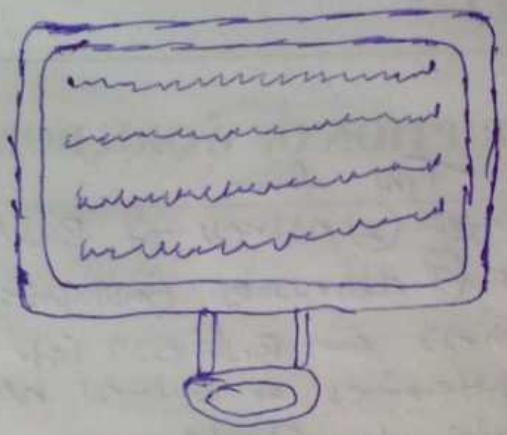
WEEKLY PROGRESS SHEET

DAY & DATE	DESCRIPTION OF WORK DONE
MONDAY	Requirement for Business Name Registration. ① Valid I.D Card ② Address with local Government ③ Nature of Business ④ Phone Number and Email ⑤ Proprietors Information ⑥ Scanned Signature ⑦ Date of Birth ~~⑧ Registration for limited~~
TUESDAY	Registration for limited: ① Name of Company ② office Add. and Residential Address with L.G.A ③ share Capital and its allotment ④ Valid Email and Phone Number ⑤ Native of business at least 5 objects ⑥ Date of Birth ⑦ ID Card ⑧ information of Director.
WEDNESDAY	for I.T: This means Incorporated Trustee: ① Valid ID Card of Trustee ② ~~The~~ Passport Photograph ③ Scanned signature ④ Letter Headed Paper for application for minute of the meeting.
THURSDAY	⑤ Newspaper Publication ~~⑥ Stamp Fee~~ IPe ⑥ Iran seal ⑦ Information of Trustee and members I was showed how Iran seal Looks like
FRIDAY	How to generate Tax-Payer Identification number. ① TIN form ② VAT form ③ IfMIS ④ Taxpayer update form
SATURDAY	

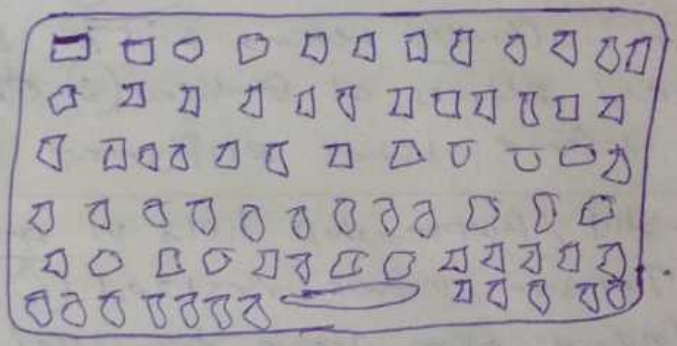
Date:.....

FOR THE SKETCHES, DIAGRAMS AND GRAPHS

(Additional diagrams may be attached where necessary)



-> MONITOR



-> KEYBOA

Student's Signature: ..... Date: 18/10/2024

Comments by Industrial-Based Supervisor: He is punctual

.....

Name: Ayeleke R.F (Mrs)

Signature: ..... Date: 18/10/2024

WEEK NO: ~~21/10/24~~ 4 ~~25/10/2024~~

WEEK ENDING: 21/10/24 25/10/24

(Last working day of the week)

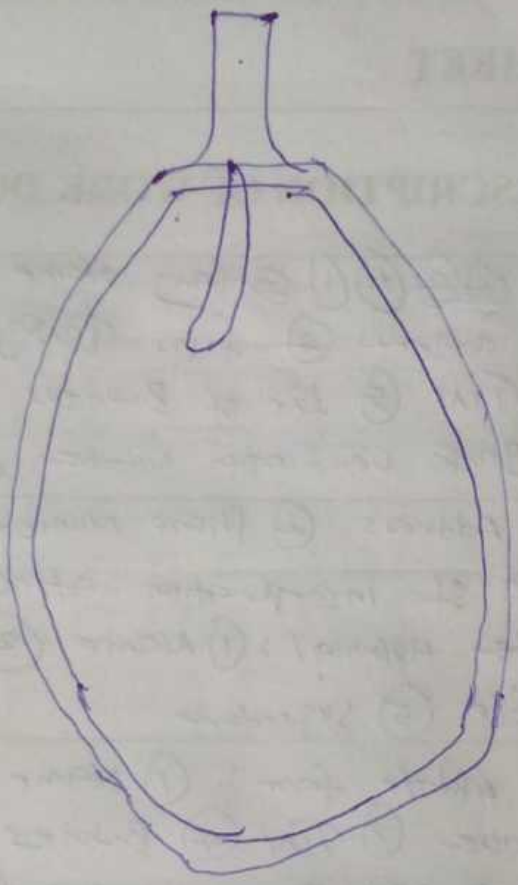
WEEKLY PROGRESS SHEET

DAY & DATE	DESCRIPTION OF WORK DONE
	TIN form
MONDAY	(1) Name of Taxpayer (2) Address of Business (3) Telephone NO (4) Email Address (3) Address of Employment (4) Precise Nature of Business or Business Code. Therefore a Business Code determines a business nature for the appropriate code to choose.
TUESDAY	(5) Date when business commenced (6) Date in each year when accounting returns will be submitted (7) Names and Address of Bankers (8) other ~~Sources~~ Sources of income beside employment income.
WEDNESDAY	(9) Directorship / Partnership held in any Companies (10) Annual Turnover / income realized (11) Annual Turnover / Income from Trade transacted (12) Particulars of Related / Associated Companies
THURSDAY	(13) Name and Address of Auditor (14) List of branches and their addresses. VAT Registration form (a) Name of ~~VAT~~ iable Person (b) Place of Business
FRIDAY	(c) Telephone number and Email Address (d) Taxpayer Identification Number (2) Nature of Business. (b) Types of Goods / Services
SATURDAY	

Date:.....

FOR THE SKETCHES, DIAGRAMS AND GRAPHS

(Additional diagrams may be attached where necessary)



Student's Signature: ..... Date: 25/10/2024

Comments by Industrial-Based Supervisor: He is very punctual but late

Name: Oyeleke R.F (Mrs)

Signature: ..... Date: 25/10/2024

WEEK NO: 5

WEEK ENDING: 28/10/2024 - 1/11/2024,

(Last working day of the week)

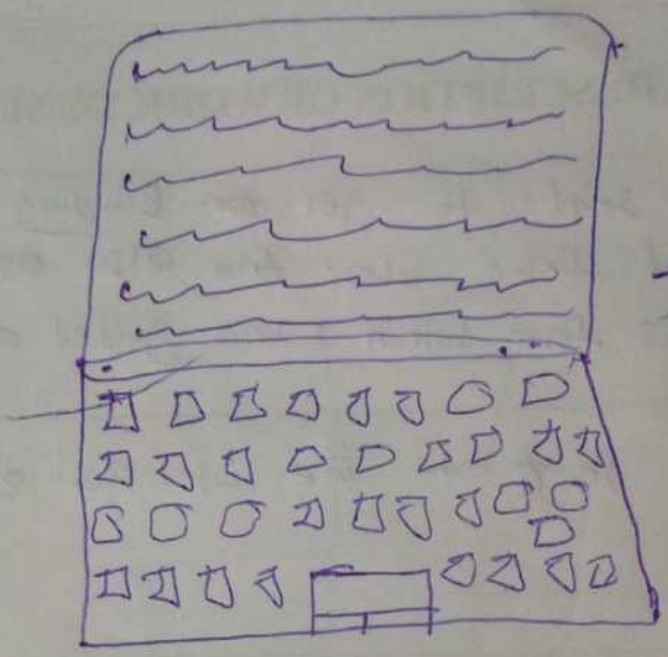
WEEKLY PROGRESS SHEET

DAY & DATE	DESCRIPTION OF WORK DONE
MONDAY	GIFMIS :- (A) (1) Company Name (2) RC Number (3) Business address (4) FIRS Taxpayer Identification Number - TIN (5) Line of Business (B) (1) Bank name (2) Company Bank Verification Number (BVN)
TUESDAY	(C) (1) Gmail Address (2) Phone Number (D) (1) Copy of Certificate of Incorporation attached Tax Controller Approval : (1) Name (2) TR NO (3) Rank (4) Tax Office (5) Signature
WEDNESDAY	Taxpayer update form :- (1) Name of Company (2) RC Number (3) TIN (4) Business Secta (5) Company address (6) Company Phone Number (7) Company Email Address (8) Commencement Date
THURSDAY	(9) Accounting year End. Section B :- (1) Name of Authorized Person (2) Gmail Address (3) Phone Number (4) Designation
FRIDAY	Section C :- (1) Name (2) Gmail Address (3) Phone Number (4) Designation.
SATURDAY	

Date:.....

FOR THE SKETCHES, DIAGRAMS AND GRAPHS

(Additional diagrams may be attached where necessary)



Student's Signature: ..... Date: 1/11/2024

Comments by Industrial-Based Supervisor: He is active in the office

Name: Ojelete Ref (Mrs)

Signature: ..... Date: 1/11/2024

WEEK NO: 6

WEEK ENDING: 15/11/2024

(Last working day of the week)

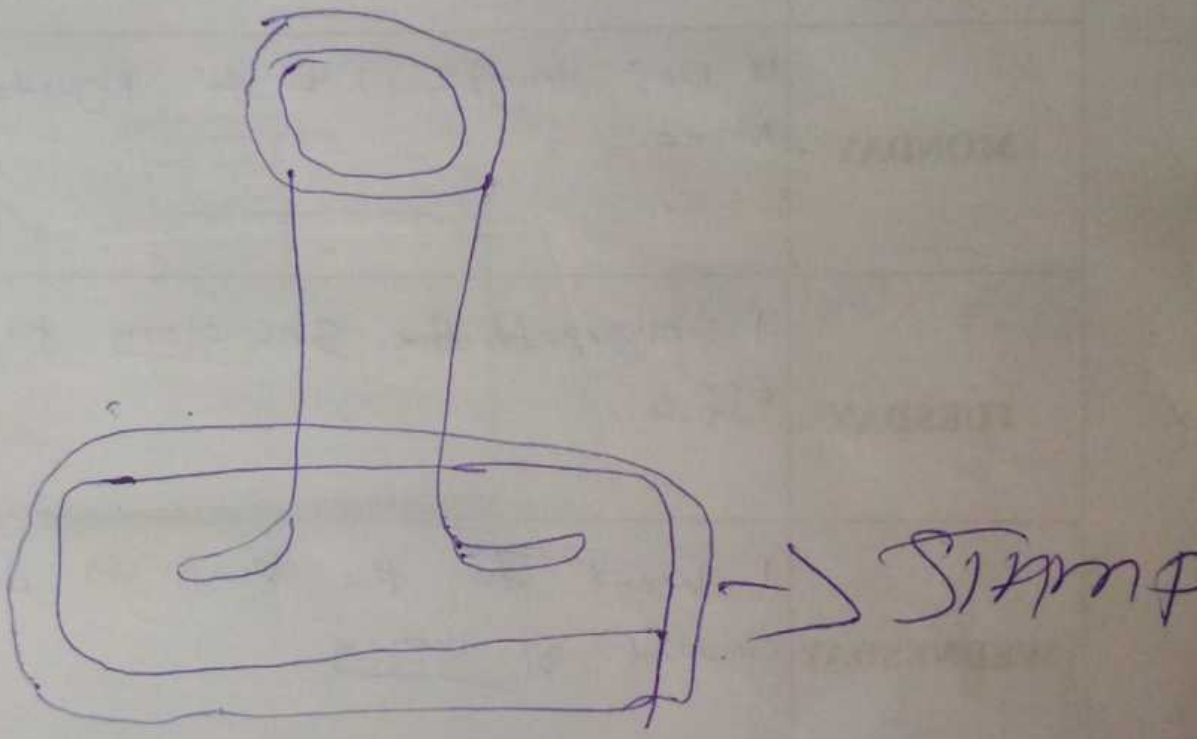
WEEKLY PROGRESS SHEET

DAY & DATE	DESCRIPTION OF WORK DONE
MONDAY	I was sent to get Binding materials to bind few files. And also asked to fill FIRS form which I was guided on how to do so.
TUESDAY	I was sent to the FIRS office
WEDNESDAY	I was asked to Photocopy some Documents
THURSDAY	I Learned how to generate Tax-Payer Identification Number (TIN).
FRIDAY	I input the Card of a month sales Report
SATURDAY	

Date:.....

FOR THE SKETCHES, DIAGRAMS AND GRAPHS

(Additional diagrams may be attached where necessary)



Student's Signature: ..... Date: 8/11/2024

Comments by Industrial-Based Supervisor: He is specific and objective

.....

Name: Ojelere R F (Mrs)

Signature: ..... Date: 8th/2024

WEEK NO: 7

WEEK ENDING: 11/11/2024 – 15/11/2024

(Last working day of the week)

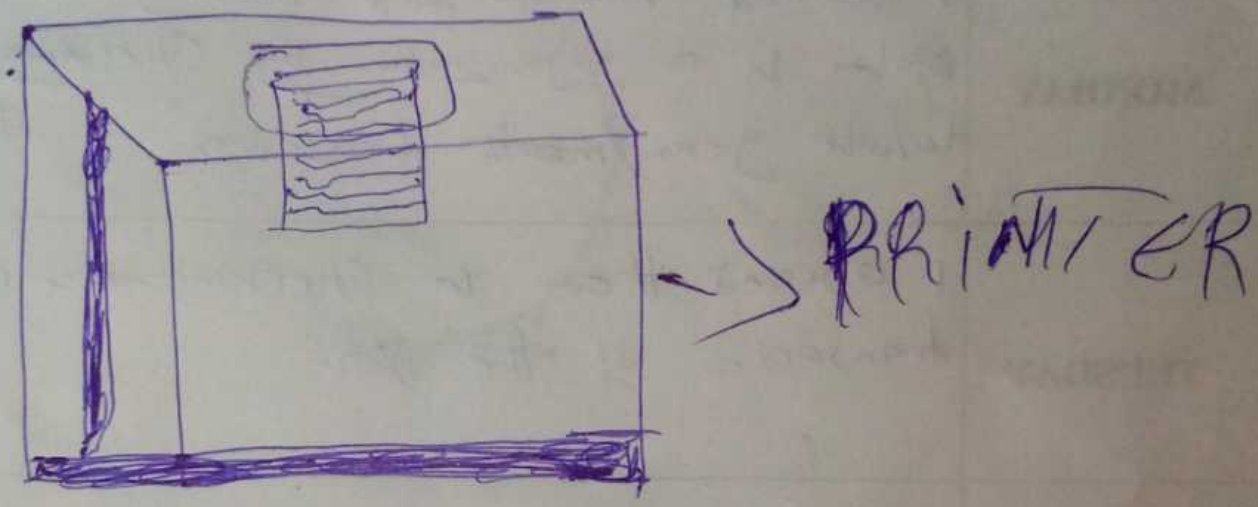
WEEKLY PROGRESS SHEET

DAY & DATE	DESCRIPTION OF WORK DONE
MONDAY	I was taught how to Register a business Name.
TUESDAY	I followed the Secretary to the FIRS office
WEDNESDAY	I went to the Bank to deposit some amount of money
THURSDAY	I was asked to make Read of Bank Statement
FRIDAY	I followed the manager to the Bank to clear some Complains.
SATURDAY	

Date:.....

FOR THE SKETCHES, DIAGRAMS AND GRAPHS

(Additional diagrams may be attached where necessary)



Student's Signature: ..... Date: 15/11/2024

Comments by Industrial-Based Supervisor: He usually communi
with other staff

Name: Oyelese R. f Cmrs

Signature: ..... Date: 15/11/2024

WEEK NO: 18/11/2024 8

WEEK ENDING: 18/11/2024 - 22/11/2024

(Last working day of the week)

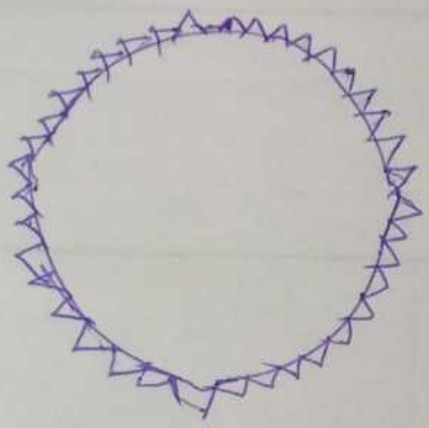
WEEKLY PROGRESS SHEET

DAY & DATE	DESCRIPTION OF WORK DONE
MONDAY	I learned how to find missing or money stolen in an organization by checking the whole year/month transactions of the Company.
TUESDAY	I assisted them in checking the Company transaction of the Year
WEDNESDAY	I followed the secretary to the bank to deposit some money.
THURSDAY	I Learned how to find the money sent but not received by the Company by going through the transaction history
FRIDAY	I assisted them to arrange the files and find the one they needed.
SATURDAY	

Date:.....

FOR THE SKETCHES, DIAGRAMS AND GRAPHS

(Additional diagrams may be attached where necessary)



Student's Signature: ..... Date: 22/10/2024

Comments by Industrial-Based Supervisor: He is focus on behaviours, not personality.

Name: Oyeleke R.F (Mrs)

Signature: ..... Date: 22/10/2024

INDUSTRIAL TRAINING FUND
MIANGO ROAD, P.M.B. 2199, JOS

FORM 8

STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME
END-OF-PROGRAMMME REPORT SHEET

PART A (To be completed by the Student)

1. (a) Name in full: ABDULMUTHALIB QAMILEKAN ABDULMUTHALIB
   (b) Registration/Matriculation: ND/23/BFN/PT/0012
   (c) Course of Study: BANKING AND FINANCE
   (d) Year os study:.....
   (e) Name of Institution: Kwara State Polytechnic
2. (a) Name and Address of the Company/Establishment: ~~Ola~~ Ayodimeji Olalekan & Co., No. 85 Ibrahim Taiwo Road, Ilorin
   (b) The Department Section: Finance (Chartered Accountants).
   (c) Period of Attachment: From September To November
   Number of Weeks 8/Eight weeks
3. Total Allowance received by student: N.....K
4. Brief outline of experience/relevance of training provided: Atoke learnt to do before starting a Business
   .....
   .....
5. (a) Where were you attached last? (if applicable):.....
   (b) Total number of weeks engaged on Industrial Attached:.....

Signature of Student: ..... Date: 22/11/2024

PART B (To be completed by the Employer)

Do you agree with the Student's comments in items 3 & 4 in Part A? YES/NO

If No. please comment:.....

.....

State total amount paid to students as ITF allowance: N N/C K

In Words:.....

6. Please access the student's overall performance by ticking the appropriate box as provided

VERY GOOD [ ] GOOD [✓] SATISFACTORY [ ] POOR [ ]

7. Will you accept the student in any future attachment? YES/NO

If No, please comment: .....

.....

8. Is your Company/Establishment in a position to offer this student a job in future?

YES

9. Name of Reporting Officer: OYELEKE RISIKAT (MRS)

Designation/Rank: ACCOUNT MANAGER

AYODIMEJI OLALEKAN & CO.
(CHARTERED ACCOUNTANTS)

Signature/Stamp: ..... Date: 9/12/2024

N.B. Forms duly completed by employers should be forwarded to/collected by the respective Institutions under seal

SIGN

PART C (To be completed by the Institution)

10. Indicate number of visits: Once

11. Give your assessment of facilities provided by company during visit(s) by ticking:

STANDARD [ ] ADEQUATE [✓] RELEVANT [ ] NOT RELEVANT [ ]

12. Give your impression of the student's involvements in training (FULLY/PARTIALLY)

fully

.....

.....

13. Assessment of student's performance (Grading "A, B, C or D has to be stated)

B

.....

.....

Full Name of the Supervisor: Adeboye T. O

Status .....

Department/Discipline: SLT/Microbiology

Signature/Stamp: Adeboye Date: 20/11/24

N.B. This form is to be returned to ITF on completion by the respective institutions under seal