



# NATIONAL PENSIONS ACT, 2008 (ACT 766) CONTRIBUTOR ENROLLMENT FORM



MEMBER ID

--	--	--	--	--	--	--	--	--	--	--

STAFF ID

--

CONTRIBUTOR'S NAME	First Name								Surname							
	Other names															
PREVIOUS NAME / MAIDEN NAME	First Name								Surname							
	Other names															
DATE OF BIRTH *	D	D	M	M	Y	Y	Y	Y	Age *				Sex *			
												Tick	Female	Male		
NATIONALITY									Marital Status							
PLACE OF BIRTH	Town				Region				Country of Birth							
PERMANENT HOME ADDRESS*									Postal Address							
DIGITAL ADDRESS *					Hometown								Region			
CURRENT CONTACT DETAILS	Mobile Phone Number *								Email							
									Fixed line							
IDENTIFICATION DETAILS	Social Security (SSNIT) Number *								Nature Of Employment (TICK) <input type="checkbox"/> IGF <input type="checkbox"/> PERMANENT							
	<input type="checkbox"/> Passport				<input type="checkbox"/> Voter's id				<input type="checkbox"/> Driver's license				<input type="checkbox"/> Ghana Card ID Number *			
	ID Number															
NAME OF FATHER									Name of Mother							
FATHER'S ADDRESS									Mother's Address							
FATHER'S TELEPHONE NUMBER									Mother's Telephone Number							
CURRENT EMPLOYER'S NAME									Current employer's postal address							
NATURE OF EMPLOYMENT	<input type="checkbox"/> Hazardous <input type="checkbox"/> Non-hazardous				Employee Position								Annual basic salary			
NAME OF PREVIOUS EMPLOYER (IF ANY)					Previous SSNIT number (if any)											

I HEREBY NOMINATE THE PERSON(S) BELOW AS MY DEPENDANTS TO RECEIVE DEATH AND SURVIVAL BENEFITS IN THE EVENT OF MY DEATH:

NAME OF BENEFICIARY	DATE OF BIRTH OF BENEFICIARY(DDMMYY )			RELATIONSHIP OF BENEFICIARY TO CONTRIBUTOR	DIGITAL ADDRESS OF BENEFICARY *	EMAIL ADDRESS OF BENEFICARY	GHANA CARD NUMBER(ANY ID)	CELL PHONE NUMBER OF BENEFICARY *	PERCENTAGE ALLOCATION TO BENEFICARY (Total 100%)
	DD	MM	YYYY						

<i>I declare and certify that to the best of my knowledge and belief, the information provided on this Form and its attachments is correct and complete and I am duly informed and to my full understanding that, I will be liable to prosecution for any false declaration herein or hereafter made to the Scheme. (*Thumb print if you cannot sign)</i>	APPLICANT SIGNATURE			LEFT THUMB			RIGHT THUMB		
Date (DD/MM/YYYY)									

FOR OFFICE USE ONLY

NAME OF CORPORATE TRUSTEE	
NAME OF SCHEME	
TYPE OF SCHEME	