



NATIONAL PENSIONS ACT, 2008 (ACT 766)

CONTRIBUTOR STAFF ID

Form: - NPRA/PSW/CEF/2016

NAME OF MINISTRY:

MINISTRY CODE:

NAME OF SCHEME:

TYPE OF SCHEME:

PUBLIC SECTOR CONTRIBUTOR ENROLMENT FORM

CONTRIBUTOR'S NAME	<i>SURNAME</i>		<i>FIRST NAME</i>		
	<i>OTHER NAMES</i>				
PREVIOUS NAME / MAIDEN NAME	<i>SURNAME</i>		<i>FIRST NAME</i>		
	<i>OTHER NAMES</i>				
DATE OF BIRTH (DD/MM/YYYY)		AGE		SEX	
NATIONALITY				MARITAL STATUS	
PLACE OF BIRTH	<i>Town</i>	<i>District</i>	<i>Region</i>	COUNTRY OF BIRTH	
PERMANENT ADDRESS			MAILING ADDRESS		
CURRENT CONTACT DETAILS	<i>MOBILE PHONE NUMBER</i>		<i>FIXED LINE</i>	<i>E-MAIL ADDRESS</i>	
IDENTIFICATION DETAILS	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Voter's ID <input type="checkbox"/> National ID		ID NUMBER	SOCIAL SECURITY NUMBER	
NAME OF FATHER			NAME OF MOTHER		
FATHER'S ADDRESS			MOTHER'S ADDRESS		
PREVIOUS EMPLOYER (IF ANY)			PREVIOUS CONTRIBUTOR ENROLLMENT NUMBER		
NATURE OF EMPLOYMENT			NATURE OF INCOME		
ANNUAL BASIC SALARY (GH¢)		MONTHLY BASIC SALARY (GH¢)		5% CONTRIBUTION (GH¢)	

INSTITUTION'S NAME		INSTITUTION'S CODE	
INSTITUTION'S ADDRESS		INSTITUTION'S TEL. NUMBER	

NOTE: All information should be written legibly and boldly in CAPITAL LETTERS.

PTO

BENEFICIARY NOMINATION

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	CONTRIBUTOR ENROLLMENT NUMBER (IF ANY)	RELATIONS OF BENEFICIARY TO CONTRIBUTOR	PERMANENT ADDRESS OF BENEFICIARY	PERCENTAGE ALLOCATION TO BENEFICIARY (To Total 100%)

DECLARATION:

I declare and certify that:-

- 1) I am not a member of any other similar scheme;***
- 2) I am not in possession of another Contributor Enrollment Number;***
- 3) the facts herein stated are accurate and true;***
- 4) 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.***

FINGER PRINT IDENTIFICATION

LEFT THUMB PRINT	RIGHT THUMB PRINT
<p>OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS</p>	<p>OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS</p>
<p>INDICATE WHICH FINGER</p>	<p>INDICATE WHICH FINGER</p>

DATED:

SIGNATURE OR MARK OF CONTRIBUTOR: (MARK)

DECLARATION BY ENROLLMENT OFFICER

I certify that this Contributor Enrollment Form was completed in my presence and under my supervision and that information herein contained is certified to be accurate and true.

.....

NAME OF ENROLLMENT OFFICER

.....

SIGNATURE

.....

OFFICIAL STAMP OF SPONSORING EMPLOYER