

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/RRC/PFC/2013

APPLICATION FOR RENEWAL OF REGISTRATION AS A PENSION FUND CUSTODIAN

PART A

A. PARTICULARS OF APPLICANT

- 1. NAME OF PENSION FUND CUSTODIAN:
- 2. DATE OF PREVIOUS REGISTRATION:
- 3. PREVIOUS REGISTRATION NUMBER:
- 4. EXPIRY DATE OF LAST REGISTRATION:

(Please Attach copies of items 5 to 8)

- 5. SSNIT EMPLOYER NUMBER:
- 6. VALID SOCIAL SECURITY CLEARANCE CERTIFICATE:.....
- 7. VALID CERTIFICATE OF INCORPORATION:
- 8. VALID TAX CLEARANCE CERTIFICATE NUMBER:

B. PARTICULARS OF DIRECTORS

	NAME OF DIRECTOR	POSITION	DATE OF APPOINTMENT	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
10				

PART B

A. CAPITAL ADEQUACY OF THE CUSTODIAN COMPANY

(State amounts in Ghana Cedis)

1. SHAREHOLDERS FUND OF CUSTODIAN COMPANY:
2. NET ASSET VALUE OF CUSTODIAN COMPANY:
3. DATE OF VALUATION:

PART C

PERFORMANCE ON PREVIOUS LICENSE

1. CUSTODY SERVICES PROVIDED TO CORPORATE TRUSTEE

	PENSION FUND MANAGEMENT SERVICES PROVIDED			AMOUNTS IN GH¢
NAME OF CORPORATE TRUSTEE(S)	TYPE OF SCHEME(S)	NAME OF SCHEME	NUMBER OF MEMBERS IN THE SCHEME	TOTAL VALUE OF ASSETS UNDER CUSTODY

2. CONTRIBUTIONS AND INVESTMENTS

- a. TOTAL 5% CONTRIBUTIONS COLLECTED OR RECEIVED:
- b. TOTAL PROVIDENT FUND CONTRIBUTED
- c. CUMULATIVE AMOUNTS INVESTED:
- d. ESTIMATED EARNINGS ON INVESTMENTS:

PART D

DECLARATION

We declare that to the best of our knowledge and belief the information given in this application form is correct and complete. We certify that the documents attached to this application are true and correct copies. We undertake to notify the authority of any matter which affects the validity of any information given in support of our application. After the application is renewed, we undertake to notify the authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this form as soon as possible.

Name of Company:

Company Stamp /Seal

Name of Managing Director:

Signature of Managing Director:

Date:

Date of application:

FOR OFFICIAL USE

PART E

A. RENEWAL FEE PAID:

B. DATE OF PAYMENT:

C. PAYMENT RECEIPT NUMBER.....