

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/CPT/01/11

NATIONAL PENSIONS ACT, 2008 (ACT 766)

APPLICATION FOR LICENCE AS CORPORATE TRUSTEE (COMPANY INFORMATION)

NOTES:

- (1) All questions must be answered. If any question is not applicable, please write "N/A."*
- (2) If boxes are provided, please tick whichever is appropriate.*
- (3) Please provide any other information which may assist the National Pensions Regulatory Authority ("the Authority" or "NPRA") in reaching a decision on the application if necessary.*

FOR OFFICIAL USE ONLY

Application no.: _____

Date Application Received: _____

Fee Receipt No.: _____

Subject Officer: _____

Date of Fee Receipt: _____

Input Officer: _____

**Date of Letter of
Acknowledgement:** _____

Verification Officer: _____

SECTION I - PARTICULARS OF THE APPLICANT

1.1 Name of company: _____

1.2 Place of incorporation: _____

1.3 Date of incorporation:

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Day

Month

Year

1.4 Company registration no: _____

1.5 Financial year end date:

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Month

Year

1.6 Principal business address of company: _____

SECTION II - CAPITAL ADEQUACY

2.1 Paid up share capital:

GH¢

2.2 Net Asset Value:

GH¢

2.3 Net Asset Value held in Ghana:

GH¢

2.4 Date of Valuation:

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Day

Month

Year

SECTION III - LIST OF DIRECTORS

3.1 Please list below the names of all Directors (as defined in Regulation 156 of the Occupational and personal Pension Schemes, (General Regulations, 2011)) of the applicant:

(Each of them should complete a declaration form with regard to their suitability)

No	Name of Director	Capacity
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

3.2 State the names of the Directors who will be actively involved in the management of the Applicant

No.	Name
1.	
2.	
3.	
4.	
5.	
6.	

SECTION III - ADMINISTRATIVE ARRANGEMENTS

- (1) Provide the Business Plan, including the organisational structure, and a brief description of the division of functions among different Departments and staff position, including the number of staff by Department and Rank.
- (2) Give a list of key personnel who are in charge of statutory compliance and supervision of scheme administration detailing their respective qualification and experience.
- (3) What arrangements will be made with regard to the keeping of records of the schemes? To what extent does the Company consider that it is able to meet Schemes' administrative requirements under the National Pensions Act, 2008 (Act 766).
- (4) Give a description of the internal control measures proposed to be implemented to achieve the control objectives of the pension schemes, e.g.: internal audits, procedures for handling client complaints, mechanism for handling public enquiries, etc.
- (5) If any functions are outsourced, please describe how you will supervise the performance of those functions.

SECTION IV – PARTIES PROVIDING SERVICES TO THE COMPANY

4.1 Names, addresses and qualification of the auditors of the company

NAME OF AUDITORS	QUALIFICATION	ADDRESS/TEL. NO.

4.2 Names and addresses of the company's bankers

NAME OF BANKERS	ADDRESS/TEL. NO.

4.3 Names, addresses and qualification of any other advisers of the company (other than auditors and bankers), including solicitors, consultants, etc.

NAME OF ADVISERS	QUALIFICATION	ADDRESS/TEL. NO.

SECTION V – DOCUMENTS TO BE ATTACHED

Documents	Attachment No.
(1) Copy of Certificate of Incorporation with the Registrar General's Department in respect of the applicant	
(2) A Certified true copy of the Company's Regulations.	
(3) Auditor's report on capital adequacy	
(4) Undertaking to the Authority to comply with the Act and the Regulations	
(5) A SSNIT Employer Registration Certificate	

SECTION VI - 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 approved, 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: _____

- Official Company Stamp: _____

- Date of application: _____

	<u>Name Of Signatory</u>	<u>Title/ Position</u>	<u>Signature</u>	<u>Date</u>
1.	Director
2.	Director

Name and details of the contact person for the Authority's enquiries in connection with this application :

NAME : _____

TEL NO. : _____

EMAIL. : _____
