

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/GPPS/01/12

NATIONAL PENSIONS ACT, 2008 (ACT 766)

APPLICATION FOR REGISTRATON OF GROUP PERSONAL PENSION SCHEME

NOTES:

- (1) *This Form must be completed by the Sponsor of the Scheme to which this application for registration relates.*
 - (2) *All questions must be answered. If any question(s) is not applicable, please write "N/A."*
 - (3) *If boxes are provided, please tick whichever is appropriate.*
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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 - THE SCHEME

- 1.1 Name of the Scheme _____

- 1.2 No. of Association(s) (including the Sponsoring Group) that will participate in the Scheme: _____

SECTION II - THE GROUP SPONSORING THE SCHEME (THE PARENT ASSOCIATION)

- 2.1 Name of Sponsoring Group: _____
- 2.2 Address (Registered Office/Principal Place of Business):
- Location Address:* _____

- Postal Address:* _____

- Tel. No.:* _____ *Fax. No.:* _____
- Email:* _____
- 2.3 Business registration no. (If any): _____

SECTION III - THE ASSOCIATIONS PARTICIPATING IN THE SCHEME

- 3.1 Please state the no. of *Affiliate Associations* which will participate in the Scheme and give particulars of each of the *Affiliated Associations*:
- (i) No. of *Affiliate Associations* that will participate in the Scheme: _____

(ii) Name of the *Affiliate* Association: _____

(iii) **Address (Registered office/Principal place of business):**

Location Address: _____

Postal Address: _____

Tel. No.: _____

Fax No.: _____

Email: _____

(iv) **Business registration no. (if any):** _____

NB: If there is more than one Affiliate Association, an additional sheet indicating the above information on each Affiliate Association should be attached to this Form.

SECTION IV - TRUSTEES OF THE SCHEME

3.1 No. of Trustees: _____

3.2 Names of Trustees of the Scheme and
Status (Member/Independent/Corporate):

	<u>NAME</u>	<u>STATUS</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

NB: Add additional sheet(s) if the spacing here is not adequate.

SECTION V – PENSION FUND CUSTODIAN OF THE SCHEME

4.1 State the name of the Pension Fund Custodian appointed:

SECTION VI – PENSION FUND MANAGER(S) OF THE SCHEME

5.1 State the name(s) of the Pension Fund Manager(s) appointed:

SECTION VII - DOCUMENTS TO BE ATTACHED TO THIS APPLICATION

- 6.1 An undertaking by the applicant to the Authority regarding compliance with Requirements and Standards for registered schemes stipulated by the Authority
- 6.2 A statement setting out the Investment Policy (including the Investment Objectives) of the Scheme.
- 6.3 A copy of the Governing Rules or proposed Governing Rules that are going to govern the Scheme.
- 6.4 A copy of the Trust Deed of the Scheme.
- 6.5 A copy of the Investment Management Contract
- 6.6 A copy of the Custodial Agreement

SECTION VIII - DECLARATION

I declare that to the best of my knowledge and belief the information given in this Form is correct and complete.

I certify that the document attached to this Form is true and correct copy.

After the application is approved, I undertake to notify the Authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this Form.

Any false declarations would invalidate the application.

§ **Name of the Sponsoring Group:** _____

§ **Name of Trustee:** _____

§ **Signature:** _____

§ **Date:** _____

§ **Official Stamp:** _____

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

Name: _____

Designation: _____

Tel No.: _____

E-mail: _____
