

NATIONAL PENSIONS REGULATORY AUTHORITY



APPLICATION FOR RENEWAL OF LICENCE AS INDIVIDUAL TRUSTEE

INSTRUCTIONS

Kindly read all instructions carefully before filling out this Form:

- (i) All Sections of this Form should be filled accurately and boldly in CAPITAL letters.
- (ii) Where field entries are not applicable, 'N/A' should be indicated in the space provided.
- (iii) This Application should be **witnessed** by a person in one of the following categories to whom the applicant is personally known: A commissioned officer of the Armed Forces (Captain and above), Prison Service or the Ghana Police Service (Superintendent or above) / A senior Civil or Public Servant (Principal Executive Officer and above) / A Registered Medical Practitioner / A Solicitor or Barrister / Head of a recognised Educational Institution / Head of licenced Corporate Trustee.
- (iv) This Application should be accompanied by a cover letter on the sponsoring entity's letterhead.
- (v) An incomplete Application would not be processed.
- (vi) An asterisk (*) symbol shown in any section of this Form is an indication of a reference to these instructions.
- (vii) The Dedicated Email Address of the Applicant under Section 1 of this Form, is the specific email address to which all correspondence of the Authority would be sent for your information and action.
- (viii) All Dates should be indicated in the following format: DD/MM/YYYY.
- (ix) Obtain a vetting letter from the NPRA office upon submission of the completed Renewal form and present yourself with the vetting letter to the CID (Criminal Investigation Department of Police) for criminal records check. The police report when ready, should be collected and submitted as a sealed document to the NPRA. **However, if this activity has been undertaken in a previous renewal application, then it is not required.**
- (x) Licensing Fees to be paid for a renewal of Individual Trustee Licence is payable for **each scheme** for which the Individual applicant is responsible.
- (xi) The Trustee training certificate is to be attached and submitted with this application document.
- (xii) The 2020 Audited Scheme Annual Report that has not been submitted already should be attached and submitted with the Board of Trustees' application documents with respect to a Scheme.

FOR OFFICIAL USE

RENEWAL FEE PAID:	
DATE OF PAYMENT:	
PAYMENT RECEIPT NO.:	
OFFICER IN CHARGE:	

All Submissions should be addressed to:

The Chief Executive Officer
 National Pensions Regulatory Authority,
 P. O. Box GP 22331, Accra.
 9th Floor SU Tower, Ridge
 No.18 Castle Road, Accra Ghana

SECTION I – PARTICULARS OF THE APPLICANT

1.1 Surname		
1.2 Forenames		
1.3 Any previous name(s) by which you have been known		
1.4 Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
1.5 Identification <i>Attach photocopy of ID</i> National ID (Ghana Card ID)	ID NUMBER	
1.6 Residential Address <i>(include Ghana Post GPS Address)</i>		
1.7 Social Security No.		
1.8 Tier 2 Contributor Enrolment No.		
1.9 Dedicated E-Mail Address		
1.10 Mobile Number		
1.11 Trustee Status <i>(please tick '✓')</i>	<input type="checkbox"/> Member Nominated <input type="checkbox"/> Member <input type="checkbox"/> Independent Trustee <input type="checkbox"/> Administrator's Nominee	
1.12 Scheme for which applicant is applying	<i>Scheme Name</i>	
	<i>Scheme Type (Tier 2 or Tier 3)</i>	
	<i>Appointment Date</i>	
	<i>Scheme Sponsor</i>	
	<i>Scheme ID No.</i>	
1.13 List the Names of other Schemes you provide trustee services to. <i>(Attach a sheet with additional details where the space provided is insufficient)</i>	Scheme Name	Scheme Type (Tier 2 or Tier 3)
1.14 Have you acquired the relevant knowledge and understanding required for you to exercise the functions of a Trustee in Pensions? NB: Attach Completion Certificate	<i>Please tick (✓)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>Name of Institution</i>	
	<i>Date of Completion (DD/MM/YYYY)</i>	

SECTION II – EMPLOYMENT

2.1 Indicate details of your current Employment.

Details of Employment	Current Employment
Name of Employer	
Employer Business Address (include Ghana Post GPS Address)	
Employer Contact (Tel. No. / Email Address)	
Nature of Business of Employer	
Capacity in which employed	
Period of Employment (MM/YYYY) to (MM/YYYY)	

SECTION III – DISCIPLINARY AND CONVICTION HISTORY, FINANCIAL STATUS

- 3.1 Have you ever been declared by a certified medical practitioner, to be of unsound mind and incapable of managing your personal affairs? **YES** **NO**

<i>If yes, please provide the following information:</i>	
Nature of Mental Incapacity:	
Relevant Dates: (DD/MM/YYYY)	
Name of certified Medical practitioner:	

- 3.2 Have you ever been convicted of any offence (other than a traffic offence) or are you the subject of unresolved charges, in Ghana or elsewhere? **YES** **NO**

<i>If yes, please provide the following information:</i>	
Nature of offence:	
Penalty imposed (if any):	
Date of conviction or trial (DD/MM/YYYY)	
Name and place of court in which the offence was tried:	
Court reference (if any):	

- 3.3 Have you, in Ghana or elsewhere, ever been dismissed from, any office or position subject to disciplinary proceedings or barred from entry to any profession or occupation? **YES** **NO**

If yes, please provide the following information:

Name of the organisation taking action	
Nature of the action taken or proceedings	
Outcome (if applicable)	
Date of action/proceedings (DD/MM/YYYY)	
Reason for action/proceedings	

- 3.4 Have you ever been refused the right or restricted in the right to carry on any trade, business or profession for which a specific license, registration, or other authority as required by law in any place? **YES** **NO**

If yes, please provide the following information:

Name of the organisation:	
Address of the organisation:	
Action taken by the organisation:	
Date of such action: (DD/MM/YYYY)	
Reason for such action:	

- 3.5 Have you failed to meet any judgment debts, judgements, or courts orders for the payment of damages, or other sums of money, in Ghana or elsewhere, outstanding against you? **YES** **NO**

If yes, please provide the following information:

Current status	
Outcome:	
Amount involved:	

- 3.6 Have you ever been adjudged bankrupt by a court or are you currently subject to bankruptcy proceedings or a bankrupt who has not been discharged; or have **YES** **NO**

you ever entered into any scheme of arrangement or any form of composition with the creditors, in Ghana or elsewhere?

<i>If yes, please provide the following information:</i>	
Name and place of adjudication:	
Court of adjudication:	
If discharged, the date of discharge and conditions (if any):	

3.7 Have you ever been a Director or senior Management personnel of a company in a regulated industry for which the company was deregistered or had its licence revoked or was put under administration, in Ghana or elsewhere? **YES** **NO**

<i>If yes, please provide the following information:</i>	
Name of the company	
Nature of the action taken against the company	
Date of action (DD/MM/YYYY)	
Reason for action	

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

I certify that the documents attached to this application are true and correct copies.

I undertake to notify the Authority of any matter which affects the validity of any information given in support of my application.

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 as soon as possible.

★ Signature: _____

★ Date: _____



OFFICIAL WITNESS

★ Name of Official*: _____

★ Designation: _____

★ Signature: _____

★ Date: _____

NOTE: The Application for renewal of licence would be evaluated taking into consideration your level of compliance with the National Pensions Act, 2008 (Act 766) as amended, Regulations made pursuant to the Act, all relevant Guidelines and the Authority’s Administrative Directives.