

# NATIONAL PENSIONS REGULATORY AUTHORITY




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## APPLICATION FOR RENEWAL OF LICENCE AS CORPORATE TRUSTEE

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### 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 signed by two (2) Directors of the Applicant and endorsed with an official company stamp.
- (iv) This Application should be accompanied by a cover letter on the company letterhead.
- (v) An incomplete Application would not be processed.
- (vi) All statutory documents required to be attached as copies to this Application must be duly certified and initialed by the two (2) signatories to this application e.g. Tax Clearance Certificate, SSNIT Clearance etc.
- (vii) The Dedicated Email Address of the Applicant under Part A of this Form, is the specific email address to which all correspondence of the Authority would be sent for your information and action.
- (viii) The Corporate Trustee ID No. under Part A of this Form, is the number issued by the National Pensions Regulatory Authority ("the Authority") to the Corporate Trustee upon licensing (i.e. NPRA/CT/xxxxx).
- (ix) For purposes of this application, the financial year is January to December of the immediate past year.
- (x) SSNIT Clearance Certificate is current if obtained within the three (3) months prior to submission of the application.
- (xi) Tax Clearance Certificate is current if it covers tax obligations of the Applicant for the immediate past year.

### FOR OFFICIAL USE

RENEWAL FEE PAID:	
DATE OF PAYMENT:	
PAYMENT RECEIPT NO.:	

**All Submissions should be addressed to:**

The Ag. Chief Executive Officer  
National Pensions Regulatory Authority,  
P. O. Box GP 22331, Accra.

**PART A – PARTICULARS OF APPLICANT**

1.	Name of Corporate Trustee:			
2.	Dedicated Email Address:		Primary Business Location:	
3.	Tel. No.:		Fax No.:	
4.	Name of Contact Person:			Designation:
	Email Address:			Telephone No:
5.	Corporate Trustee ID No. *:			
6.	Business Registration No.:			
7.	Tax Identification No. (TIN):			
8.	SSNIT Employer Registration No.:			
9.	Current Social Security Clearance Certificate No.:			
10.	Current Tax Clearance Certificate Number:			

**PART B – PARTICULARS OF DIRECTORS**

Item	NAME OF DIRECTOR	POSITION (Executive / Non-Executive / Independent)	DATE OF APPOINTMENT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

### PART C – SCHEMES UNDER YOUR SPONSORSHIP

Kindly attach the list of Schemes registered under your sponsorship as in the format below:

	NAME OF SCHEME	NAME OF APPOINTED PENSION FUND MANAGER(S)	NAME OF APPOINTED PENSION FUND CUSTODIAN
1.			
2.			

### PART D – PENSION FUND ADMINISTRATION SERVICES

Kindly attach the list of Employer Sponsored Scheme(s) for which you provide Pension Fund Administration services as in the format below:

	NAME OF SCHEME	DATE OF APPOINTMENT
1.		
2.		

### PART E – INDEPENDENT TRUSTEE REPRESENTATION

Kindly attach the names of the INDEPENDENT TRUSTEE(s) of the Schemes under your sponsorship AND schemes where you or your representative has been appointed as INDEPENDENT TRUSTEE in the format below:

	NAME OF INDEPENDENT TRUSTEE	NAME OF SCHEME	PLACE OF WORK	CAPACITY HELD IN EMPLOYMENT
1.				
2.				

### PART F – APPOINTED MEMBER NOMINATED TRUSTEE

Kindly attach the names of the MEMBER NOMINATED TRUSTEE(s) of the Schemes under your sponsorship in the format below:

	NAME OF MEMBER NOMINATED TRUSTEE	NAME OF SCHEME	PLACE OF WORK	CAPACITY HELD IN EMPLOYMENT
1.				
2.				

**PART G – ATTACHMENTS**

ITEM	DOCUMENT ( <i>Certified True Copies of Docs 1- 2</i> )	ATTACHMENT NO.
1.	Current Social Security Clearance Certificate	
2.	Current Tax Clearance Certificate	
3.	Corporate Annual Report (Audited)	
4.	List of Schemes under your sponsorship	
5.	List of Employer Sponsored Schemes for whom Pension Fund Administration Services are provided by your entity	
6.	Independent Trustee Representation	
7.	List of Appointed Member Nominated Trustee(s) for Schemes under your sponsorship	

**PART H – DECLARATION**

*We declare to the best of our knowledge and belief that, 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 promptly notify the Authority of any matter which affects the validity of any information given in support of our application. After the license is renewed, we undertake to promptly notify the Authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this Form.*

**1<sup>st</sup> Signatory:**

Name of Director: .....

Signature: ..... Date: .....

**2<sup>nd</sup> Signatory:**

Name of Independent Director: .....

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), Regulations made

pursuant to the Act, all relevant Guidelines and the Authority's Administrative Instructions.