

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/PPS/05/11

NATIONAL PENSIONS ACT, 2008 (ACT 766)

APPLICATION FOR REGISTRATON OF AN OCCUPATIONAL PENSION SCHEME (EMPLOYER INFORMATION)

NOTES:

- (1) *This Form must be completed by the employer sponsoring the Scheme*
 - (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: _____

Subject Officer: _____ Input Officer: _____

SECTION I - THE SCHEME

- 1.1 Name of the Scheme _____

- 1.2 No. of employer(s) that will participate
in the Scheme (If it is a Master Trust): _____

SECTION II - THE EMPLOYER SPONSORING THE SCHEME (THE EMPLOYER)

- 2.1 Name of the Employer: _____
- 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): _____
- 2.4 Tax Identification No. (TIN): _____
- 2.5 Employer Social Security No.: _____

SECTION III - THE EMPLOYER(S) PARTICIPATING IN THE SCHEME

3.1 Does the Employer have any associated company (ies)? Yes No

3.2 (If the answer to 3.1 is "Yes")
Will the Scheme be participated in by the employees of the associated company(ies)? Yes No

3.3 (If the answer to 3.2 is "Yes")
Please state the no. of associated company (ies) which would participate in the Scheme and give particulars of each of the associated companies as requested in (i) - (iv) below:

(i) No. of associated companies that will participate in the Scheme: _____

(ii) Name of the associated Company: _____

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

Location Address: _____

Postal Address: _____

Tel. No.: _____

Fax No.: _____

Email: _____

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

(v) Tax Identification No. (TIN): _____

(vi) SSNIT Employer Registration No. _____

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

SECTION IV - 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.

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

- Name of the Employer: _____

- Company Official*: _____
- Title: _____
- Signature: _____
- Date: _____

- Official Company Stamp: _____

NB: Official connotes any Senior Management Personnel/ Public Official

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

Name: _____

Tel No.: _____

Email: _____
