

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/PPS/06/11

NATIONAL PENSIONS ACT, 2008 (ACT 766)

APPLICATION FOR REGISTRATON OF A PERSONAL PENSION SCHEME (INFORMATION RELATING TO THE SPONSOR)

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: _____

Subject Officer: _____ Input Officer: _____

SECTION I - THE SCHEME

1.1 Name of the Scheme: _____

SECTION II - THE SPONSOR OF THE SCHEME

2.1 Name of Sponsor: _____

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.: _____

2.5 SSNIT Employer Registration No.: _____

SECTION III - DECLARATION

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

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

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: _____
- Date: _____
- Official Stamp: _____

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

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

- Name: _____
- Tel No.: _____
- E-mail: _____