

# NATIONAL PENSIONS REGULATORY AUTHORITY



## APPLICATION FOR RENEWAL OF REGISTRATION AS PENSION FUND MANAGER

### 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 Pension Fund Manager ID No. under Part A of this Form, is the number issued by the National Pensions Regulatory Authority ("the Authority") to the Pension Fund Manager upon registration (i.e. NPRA/FM/xxxxx).
- (ix) All Dates should be indicated in the following format: DD/MM/YYYY.
- (x) For purposes of this application, the financial year is January to December of the immediate past year.
- (xi) SSNIT Clearance Certificate is valid if obtained within the three (3) months prior to the submission of this application.
- (i) Tax Clearance Certificate is valid if obtained within the three (3) months prior to submission of the application.

### FOR OFFICIAL USE

<b>RENEWAL FEE PAID:</b>	
<b>DATE OF PAYMENT:</b>	
<b>PAYMENT RECEIPT NO.:</b>	
<b>OFFICER IN CHARGE:</b>	

**All Submissions should be addressed to:**

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

## PART A – PARTICULARS OF APPLICANT

<b>1.</b>	<b>Name of Pension Fund Manager:</b>			
<b>2.</b>	<b>Dedicated Email Address:</b>		<b>Primary Business Location:</b>	
<b>3.</b>	<b>Ghana Post Digital Address (GPDA)- Attach Location Map</b>			
<b>4.</b>	<b>Corporate Tel. No.:</b>		<b>Fax No.:</b>	
<b>5.</b>	<b>Name of Chief Executive Officer:</b>			
	<b>Email Address:</b>		<b>Contact No:</b>	
<b>6.</b>	<b>Name of Contact Person:</b>		<b>Designation:</b>	
	<b>Email Address:</b>		<b>Contact No:</b>	
<b>7.</b>	<b>Pension Fund Manager ID No.*:</b>			
<b>8.</b>	<b>SEC Investment Adviser Licence No.:</b>			
<b>9.</b>	<b>Business Registration No.:</b>			
<b>10.</b>	<b>Tax Identification No. (TIN):</b>			
<b>11.</b>	<b>SSNIT Employer Registration No.:</b>			
<b>12.</b>	<b>Valid Social Security Clearance Certificate Number:</b>			
<b>13.</b>	<b>Valid Tax Clearance Certificate Number:</b>			
<b>14.</b>	<b>Valid Data Protection Certificate Number:</b>			

## PART B – PARTICULARS OF DIRECTORS

Item	Name of Director	Executive/Non-Executive	Chairperson / CEO / Independent	Date of Appointment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**PART C – INVESTMENT ADVISORY SERVICES**

Kindly attach the list of Scheme(s) for which you provide Investment Advisory services as in the format below:

NO.	NAME OF SCHEME	DATE OF APPOINTMENT	DATE OF EXPIRY
1.			
2.			

**PART D – ATTACHMENTS**

	DOCUMENT ( <i>Certified True Copies of Docs 1- 3</i> )	ATTACHMENT NO.
1.	SEC Investment Adviser Licence (July 01, 2020-June 30, 2021)	
2.	Current Social Security Clearance Certificate	
3.	Current Tax Clearance Certificate	
4.	Corporate Annual Report (Audited)	
5.	List of Scheme(s) to which you have been appointed	

**PART E – 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 registration 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 registration 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.**