

NATIONAL PENSIONS REGULATORY AUTHORITY



APPLICATION FOR RENEWAL OF LICENCE AS A CORPORATE 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 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) 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 submission of the application.
- (xii) Tax Clearance Certificate is valid if obtained within the three (3) months prior to submission of the application.

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**

PART A – PARTICULARS OF APPLICANT

| | | | | |
|-----|---|--|-----------------------------------|--|
| 1. | Name of Corporate Trustee: | | | |
| 2. | Dedicated Email Address: | | Primary Business Location: | |
| 3. | Ghana Post Digital Address (GPDA)- Attach Location Map | | | |
| 4. | Indicate Number of Branches | | | |
| 5. | Corporate Tel. No(s): | | Fax No.: | |
| 6. | Name of Chief Executive Officer: | | | |
| | Email Address: | | Mobile No: | |
| 7. | Name of Compliance Officer: | | | |
| | Email Address: | | Mobile No: | |
| 8. | Corporate Trustee ID No. *: | | | |
| 9. | Business Registration No.: | | | |
| 10. | Tax Identification No. (TIN): | | | |
| 11. | SSNIT Employer Registration No.: | | | |
| 12. | Valid Social Security Clearance Certificate No.: | | | |
| 13. | Valid Tax Clearance Certificate Number: | | | |
| 14. | Valid Data Protection Certificate Number: | | | |

PART B – PARTICULARS OF DIRECTORS

| NO. | NAME OF DIRECTOR | POSITION (Executive / Non-Executive) | Chairperson/ CEO / Independent | DATE OF APPOINTMENT |
|-----|------------------|---|--------------------------------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

PART C – PARTICULARS OF COMPLIANCE OFFICER

1. Has the Curriculum Vitae of the Compliance Officer named below been submitted to the Authority?

YES NO

NOTE: If not, kindly attach the Curriculum Vitae to this Renewal Application form.

| NAME OF COMPLIANCE OFFICER | HIGHEST QUALIFICATION | DATE OF APPOINTMENT |
|----------------------------|-----------------------|---------------------|
| | | |

PART D – 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. | | | |
| 3. | | | |

Kindly attach the list of other Products you have designed in the format below:

| | NAME OF PRODUCT | NAME OF APPOINTED AUDITOR(S) OF PRODUCT |
|----|-----------------|---|
| 1. | | |
| 2. | | |
| 3. | | |

PART E – 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 | NAME OF APPOINTED PENSION FUND MANAGER(S) | NAME OF APPOINTED PENSION FUND CUSTODIAN |
|----|----------------|---------------------|---|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

PART F – 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 G – 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 H – APPOINTED AUDITOR(S)

Kindly attach the details of the Auditor of your corporate entity and Schemes under your sponsorship in the format below:

| | NAME OF APPOINTED AUDITOR | BUSINESS ADDRESS AND LOCATION | TELEPHONE | INDICATE CORPORATE TRUSTEE AND/OR SCHEME NAMES |
|----|---------------------------|-------------------------------|-----------|--|
| 1. | | | | |
| 2. | | | | |

PART I – ATTACHMENTS

| ITEM | DOCUMENT (<i>Certified True Copies of Docs 1 - 2</i>) | ATTACHMENT NO. |
|------|--|----------------|
| 1. | Valid Social Security Clearance Certificate | |
| 2. | Valid Tax Clearance Certificate | |
| 3. | Corporate Annual Report (Audited) for 2019 | |
| 4. | Annual Report (Audited) for 2019 on all Schemes under your management. | |

| | | |
|-----|--|--|
| 5. | List of Schemes under your sponsorship with total number of Contributors | |
| 6. | List of Employer Sponsored Schemes for whom Pension Fund Administration Services are provided by your entity with total number of Contributors | |
| 7. | Attachments for Part F, G, and H | |
| 9. | Attached Location Map | |
| 10. | Attached Details of Branches and Locations | |
| 11. | Curriculum Vitae of Compliance Officer | |
| 12. | Attached Valid Data Protection Certificate | |
| 13. | Attached Policy and Details of other Products | |

PART I – 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.

1st Signatory:

Name of Director:

Signature: Date:

2nd Signatory:

Name of Independent Director:

Signature: Date:



NOTE: The Application for renewal of license 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.