

# 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 initialled 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 one (1) month prior to submission of the application.
- (xii) Tax Clearance Certificate is valid if obtained within the one (1) month 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.**  
**9<sup>th</sup> 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):			
6.	Name of Chief Executive Officer/ Managing Director:			
	Email Address:		Mobile No:	
7.	Name of Compliance Officer:			
	Email Address:		Mobile No:	
8.	Corporate Trustee ID No.:			
9.	Business Registration No.:			
10.	SSNIT Employer Registration No. :			

## PART B – PARTICULARS OF DIRECTORS

NO.	NAME OF DIRECTOR	POSITION (Executive / Non-Executive/ Independent)	Chairperson/ CEO / MD/	DATE OF APPOINTMENT	NATIONALITY
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.			

## 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)	DATE OF APPOINTMENT	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 FOR CORPORATE TRUSTEE AND/OR SCHEME NAMES
1.				
2.				

**PART I – REGIONAL AND DISTRICT DETAILS**

Kindly attach the Regional and District details of your corporate entity in the format below:

	DETAILS	REGION 1	REGION 2	DISTRICT 1	DISTRICT 2
1.	BUSINESS ADDRESS				
2.	BUSINESS LOCATION				
3.	TELEPHONE NUMBER				
4.	CELL PHONE NUMBER				
5.	EMAIL ADDRESS				
6.	CONTACT PERSON				
7.	CONTACT-CELLPHONE				
8.	CONTACT-EMAIL ADDRESS				
9.	CONTACT-STATUS				
10.	DIRECTOR/HEAD				
11.	COMPLIANCE OFFICER				

**PART J – 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 2021	
4.	Annual Report (Audited) for 2021 on all Schemes under your management.	
5.	List of Schemes under your sponsorship with total number of Contributors and Assets Under Management.	
6.	List of Employer Sponsored Schemes for whom Pension Fund Administration Services are provided by your entity with total number of Contributors and Assets Under Management.	
7.	Attached evidence of due diligence for Director(s) who is/are foreign national(s)	

ITEM	DOCUMENT ( <i>Certified True Copies of Docs 1- 2</i> )	ATTACHMENT NO.
8.	Evidence showing up-to-date contribution payment of your Tier two obligations for your employees (Receipt of last payment, Employer Statement from Scheme).	
9.	Attachments for Part F, G, H, and I	
10.	Attached Details of Branches and Locations	
11.	Curriculum Vitae of Compliance Officer	
12.	Valid Data Protection Certificate	

**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.*

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

Name of Executive 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) as amended, Regulations made pursuant to the Act, all relevant Guidelines and the Authority’s Administrative Directives.