

NATIONAL PENSIONS REGULATORY AUTHORITY



APPLICATION FOR RENEWAL OF LICENCE AS INDIVIDUAL 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 *witnessed* by a person in one of the following categories to whom the applicant is personally known: A commissioned officer of the Armed Forces (Captain and above), Prison Service or the Ghana Police Service (Superintendent or above) / A senior Civil or Public Servant (Principal Executive Officer and above) / A Registered Medical Practitioner / A Solicitor or Barrister / Head of a recognised Educational Institution.
- (iv) This Application should be accompanied by a cover letter on the sponsoring entity's letterhead.
- (v) An incomplete Application would not be processed.
- (vi) An asterisk (*) symbol shown in any section of this Form is an indication of a reference to these instructions.
- (vii) The Dedicated Email Address of the Applicant under Section 1 of this Form, is the specific email address to which all correspondence of the Authority would be sent for your information and action.
- (viii) All Dates should be indicated in the following format: DD/MM/YYYY.
- (ix) Obtain a vetting letter from the NPRA office upon submission of the completed Renewal form and present yourself with the vetting letter to the CID (Criminal Investigation Department of Police) for criminal records check. The police report when ready, should be collected and submitted as a sealed document to the NPRA. ***However, if this activity has been undertaken in a previous renewal application, then it is not required.***
- (x) Licensing Fees to be paid for a renewal of Individual Trustee Licence is payable for each scheme for which the Individual applicant is responsible.
- (xi) The Trustee training certificate is to be attached and submitted with this application document.
- (xii) The 2019 Audited Scheme Annual Report that has not been submitted already should be attached and submitted with the Board of Trustees' application documents with respect to a Scheme.

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**

SECTION I – PARTICULARS OF THE APPLICANT

1.1 Surname		
1.2 Forenames		
1.3 Any previous name(s) by which you have been known		
1.4 Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
1.5 Identification <i>Attach photocopy of ID</i> (Passport / National ID / Driver's Licence / Voter's ID)	ID TYPE	ID NUMBER
1.6 Date of Birth (DD/MM/YYYY)		
1.7 Place of Birth (Town/Country)		
1.8 Nationality		
1.9 Residential Address		
1.10 TIN Number		
1.11 Social Security No.		
1.12 Tier 2 Contributor Enrolment No.		
1.13 Dedicated E-Mail Address		
1.14 Mobile Number		
1.15 List the Names of Schemes you provide trustee services for.	SCHEME NAME	SCHEME TYPE (Tier 2 or Tier 3)

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SECTION II – EMPLOYMENT HISTORY

Occupation or employment **during the last 10 years**, including the Name / Contact details of the Employer, the Nature of business of Employer, the Capacity in which Employed and the Period of Employment.

Details of Employment	1 (Current Employment)	2	3
Name of Employer			
Employer Business Address			
Employer Tel. No. / Email Address			
Nature of Business of Employer			
Capacity in which employed			
Period of Employment (MM/YYYY) to (MM/YYYY).			

SECTION III – DISCIPLINARY AND CONVICTION HISTORY, FINANCIAL STATUS

- 3.1 Have you ever been declared by a certified medical practitioner, to be of unsound mind and incapable of managing your personal affairs? **YES** **NO**

If yes, please provide the following information:

Nature of Mental Incapacity:	
Relevant Dates: (DD/MM/YYYY)	
Name of certified Medical practitioner:	

- 3.2 Have you ever been convicted of any offence (other than a traffic offence) or are you the subject of unresolved charges, in Ghana or elsewhere? **YES** **NO**

<i>If yes, please provide the following information:</i>	
Nature of offence:	
Penalty imposed (if any):	
Date of conviction or trial (DD/MM/YYYY)	
Name and place of court in which the offence was tried:	
Court reference (if any):	

3.3 Have you, in Ghana or elsewhere, ever been dismissed from, any office or position subject to disciplinary proceedings or barred from entry to any profession or occupation? **YES** **NO**

<i>If yes, please provide the following information:</i>	
Name of the organisation taking action	
Nature of the action taken or proceedings	
Outcome (if applicable)	
Date of action/proceedings (DD/MM/YYYY)	
Reason for action/proceedings	

3.4 Have you ever been refused the right or restricted in the right to carry on any trade, business or profession for which a specific license, registration or other authority as required by law in any place? **YES** **NO**

<i>If yes, please provide the following information:</i>	
Name of the organisation:	
Address of the organisation:	
Action taken by the organisation:	
Date of such action: (DD/MM/YYYY)	
Reason for such action:	

3.5 Have you failed to meet any judgment debts, judgments or courts orders for the payment of damages, or other sums of money, in Ghana or elsewhere, outstanding against you? YES NO

<i>If yes, please provide the following information:</i>	
Current status	
Outcome:	
Amount involved:	

3.6 Have you ever been adjudged bankrupt by a court or are you currently subject to bankruptcy proceedings or a bankrupt who has not been discharged; or have you ever entered into any scheme of arrangement or any form of composition with the creditors, in Ghana or elsewhere? YES NO

<i>If yes, please provide the following information:</i>	
Name and place of adjudication:	
Court of adjudication:	
If discharged, the date of discharge and conditions (if any):	

SECTION IV – TRUSTEE STATUS

- 4.1 Is the Applicant to act as an Independent Trustee of the Scheme? YES NO
- 4.2 Is the Applicant an employee of the Administrator of the Scheme(s)? YES NO
 (Question 4.2 above is applicable only where administration of a scheme has been outsourced to a third-party Administrator)
- 4.3 Is the Applicant an employee of the Employer / Corporate Trustee / Organization sponsoring the Scheme? YES NO
- 4.4 Is the Applicant a member of the Scheme? YES NO
- 4.5 Has the Audited Report for your Scheme for the immediate past financial year been submitted to the Authority? (Refer to "xiii" on the cover page) YES NO
- 4.6 Has the Applicant been trained in Pensions? YES NO

4.6.1 Name of Training Institution (if not provided):

4.7 What is the total number of Trustees on your Board? (In words)

4.8 Kindly provide the Sponsoring Employer's Ghana Post Digital Address to serve as the Employer Sponsored Scheme's registered address (A back-up to the actual registered address provided):

NOTE: Attach a Location Map

SECTION V – COMPLIANCE CHECKS

- 5.1 Were there any events of significant nature that affected the scheme or changes to the scheme documentation (i.e. *Scheme Rules and Trust Deed, Service Providers etc.*) in the immediate past financial year?
 YES NO
- 5.2 If there were any events of significant nature or changes, was the Authority notified of these events or changes?
 YES NO
- 5.3 Have the Scheme Asset Based Fees due the Authority been paid for the period 1st January- 31st December 2019?
 YES NO

SECTION VI – STATEMENT OF INVESTMENT POLICY

- 6.1 Is your scheme's Statement of Investment Policy (SIP) based on the revised NPRA Guidelines on Investment of Pension Funds (*gazetted on February 27, 2017 and operationalized on April 2017*)?
 YES NO
- 6.2 Date of last review of SIP (DD/MM/YYYY):

SECTION VII– ADMINISTRATION

- 7.1 Did you receive and review an administration report from the licensed Administrator (if outsourced) to the scheme during the year?
 YES NO
- 7.2 Date Administration reports(s) received and reviewed (DD/MM/YYYY):
- 7.3 Expiry Date for contractual Agreement (DD/MM/YYYY):

SECTION VIII – ATTACHMENTS

ITEM	DOCUMENT	ATTACHMENT NO.
1.	Trustee Training Certificate* (<i>Refer to "xi" on the cover page</i>)	
2.	Chairperson's contact details (i.e. name, mobile number and email address).	
3.	Contact Person to the Scheme (i.e. name, mobile number and email address).	

SECTION IX – DECLARATION

I declare that to the best of my knowledge and belief the information given in this application form is correct and complete.

I certify that the documents attached to this application are true and correct copies.

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

■ Signature: _____

■ Date: _____

OFFICIAL WITNESS

■ Name of Official*: _____

■ Designation: _____

■ 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.