

NATIONAL PENSIONS REGULATORY AUTHORITY



INFORMATION RELATING TO THE ADMINISTRATOR OF AN EMPLOYER SPONSORED SCHEME

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 Form should be signed by two (2) Trustees of the Scheme and endorsed with an official stamp of the Sponsoring Employer.
- (iv) This Form should be accompanied by a cover letter on the letterhead of the Sponsoring Employer.

All Submissions should be addressed to:

**The Chief Executive Officer
National Pensions Regulatory Authority,
P. O. Box GP 22331, Accra.**

SECTION I – PARTICULARS OF ADMINISTRATOR

(1) Name of Scheme:

(2) Is the administration of the Scheme handled-in-house or outsourced to a third party Administrator (Corporate Trustee)?

If the administration is handled-in-house, kindly skip items (3) to (6).

(3) Name of the Administrator (Corporate Trustee):

(4) Address (Registered Office / Principal place of business):

Location Address: _____

Postal Address: _____

Tel. No.: _____ Fax No.: _____

(5) Contact Person of Administrator :

Name: _____ Designation: _____

Tel. No.: _____ Email: _____

(6) Attach the Third Party Administrative Agreement between the Trustees of the Scheme and Administrator.

SECTION II – 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 documents attached to this Form are true and correct copies.

We undertake to notify the Authority of any matter which affects the validity of any information given in support of our submission.

After this submission is made, 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.

1st Signatory:

Name of Trustee:

Signature:

Date:

2nd Signatory:

Name of Independent Trustee:

Signature:

Date:

