

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/KYC/02/01/19

NATIONAL PENSIONS ACT, 2008 (ACT 766)

KNOW YOUR CUSTOMER INFORMATION

(DECLARATION BY THE CONTROLLER OF A PENSION FUND MANAGER WHO IS AN INDIVIDUAL)

NOTES:

- (1) This form shall be filled by a Controller who is an individual.
 - (2) **Controller** in relation to a company includes, the Shareholders, Directors and Chief Executive Officer of the company.
 - (3) The completed form shall be included in the application for registration as a Pension Fund Manager.
 - (4) All questions must be answered. If any question is not applicable, please write "N/A."
 - (5) If boxes are provided, please tick whichever is appropriate.
 - (6) The application should be submitted with two (2) passport size photographs taken full face on a plain background within six months of the date of application without dark glasses or hat.
NB: One of the photographs should be certified as a true likeness of the individual by the witness
 - (7) This application should be witnessed by a person in one of the following categories to whom the individual is personally known: (a) A senior Clergyman (b) A commissioned officer of the Armed Forces (Captain and above), Prison Service or the Ghana Police Service (Superintendent or above) (c) A senior Civil or Public Servant (Principal Executive Officer and above) (d) A Registered Medical Practitioner (e) A Solicitor or Barrister (f) Head of a recognised Educational Institution.
 - (8) Please provide any other information which may assist the National Pensions Regulatory Authority ("the Authority") in reaching a decision on the application of the Pension Fund Manager.
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FOR OFFICIAL USE ONLY

APPLICATION NO.:

DATE APPLICATION RECEIVED:

FEE RECEIPT NO.:

SUBJECT OFFICER:

DATE OF FEE RECEIPT:

INPUT OFFICER:

DATE OF LETTER OF ACKNOWLEDGEMENT:

VERIFICATION OFFICER:

SECTION I – APPOINTMENT OF CONTROLLER

(1) Name of applicant Pension Fund Manager:

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(2) Date of appointment as Controller (Shareholder/Director) of applicant Pension Fund Manager:

	DD	MM	YYYY	

SECTION II – PARTICULARS OF THE CONTROLLER

(1) In what capacity are you a Controller of the applicant Pension Fund Manager?

<input type="checkbox"/> Shareholder <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Executive Director <input type="checkbox"/> Non-Executive Director	<input type="checkbox"/> Indicate if Preference Shareholder <input type="checkbox"/> Indicate if Ordinary Shareholder Indicate Percentage (%) Holding: <input style="width: 100px;" type="text"/> Indicate Number of Shares: <input style="width: 100px;" type="text"/>
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(2) Please describe the particular duties and responsibilities attached to the position which you hold. If you are completing this form in the capacity of director or prospective director, indicate whether, in your position as director, you have or will have executive responsibility for the management of the applicant Pension Fund Manager's business.

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SECTION III- PERSONAL PROFILE

**Affix Passport
Photo here**

TITLE	<input type="text"/> Mr. / Mrs. / Miss / Dr. / Prof. etc.											
CONTROLLER'S NAME	<i>Surname</i>					<i>First Name</i>						
	<i>Other Names</i>											
PREVIOUS NAME / MAIDEN NAME	<i>Surname</i>					<i>First Name</i>						
	<i>Other Names</i>											
DATE OF BIRTH	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	Age		Sex	
NATIONALITY						Marital Status						
PLACE OF BIRTH	<i>Town</i>			<i>District</i>			<i>Region</i>		Country of Birth			
Previous Residential Address within the last 3 Years						Permanent Address						
CURRENT CONTACT DETAILS	<i>E-Mail Address</i>					<i>Fixed Line</i>			<i>Mobile Phone Number</i>			
IDENTIFICATION DETAILS	<input type="checkbox"/> Passport		<input type="checkbox"/> National ID		<input type="checkbox"/> Driver's Licence			<input type="checkbox"/> Voter's ID				
	ID Number					Social Security No.						
Do you ordinarily reside in Ghana?						Period of residence in Ghana (in years)						

SECTION IV - EDUCATIONAL BACKGROUND

Please state your professional, academic, technical or other qualifications and the years in which they were obtained

Qualifications	Issuing Institution (Address/Tel. No.)	Date (DD/MM/YYYY)

SECTION V- EMPLOYMENT HISTORY

(1) Present occupation or employment and occupations and employment during the last 10 years, including the name of the employer, the nature of the business, the position held and relevant dates.

Details of Employment	1 (Current Employment)	2	3
a) Name of Employer			
b) Principal Business Address			
c) Contact/ Tel. No.			
d) Nature of Business			
e) Date of commencement of employment			
f) Capacity in which employed			
g) Brief description of your duties and responsibilities			
h) Date of termination of employment (if applicable)			
i) Reasons for termination of employment (if applicable)			

(2) The companies of which you have been a Controller at any time during the past 10 years, in Ghana or elsewhere.

Details of Company	1 (Current Employment)	2	3
a) Name of Company			
b) Principal Business Address			
c) Contact/ Tel. No.			
d) Place of incorporation			
e) Nature of Business			
f) Brief description of your duties and responsibilities			
g) Date of commencement of becoming a controller			
h) Date of termination of appointment (if applicable)			
i) Reasons for termination of appointment (if applicable)			

SECTION VI- DISCIPLINARY AND CONVICTION HISTORY, FINANCIAL STATUS

- (1) Have you ever been found by a court, to be of unsound mind and incapable of managing your personal affairs? YES NO
- (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

If yes, please provide the following information:

Nature of offence:	
Penalty imposed (if any):	
Name and place of court in which the offence was tried:	
Court reference (if any):	
Date of conviction or trial	

- (3) Have you ever been a party to any civil litigation, other than arising from a traffic accident, in Ghana or elsewhere? YES NO

If yes, please provide the following information:

Name of defendant, plaintiff and third party (if any)	
Nature of litigation	
Outcome of litigation	
Name and place of court where proceedings were tried	
Date of litigation(DD/MM/YYYY)	

- (4) Other than those listed under question (3) above, if any, have you ever been or are you presently, or do you expect to be engaged in any litigation in Ghana or elsewhere? YES NO

If yes, please provide the following information:

Name of the parties involved	
Place of litigation	
Nature of litigation	

Date of litigation(DD/MM/YYYY)	
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- (5) 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	
Reason for action/proceedings	

- (6) 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 is required by law in any place? YES NO

<i>If yes, please provide the following information:</i>	
Name of the organization:	
Address of the organization:	
Action taken by the organization:	
Date of such action	
Reason for such action:	

- (7) Have you ever been disqualified, censured or disciplined by any professional body or by any regulatory body in Ghana or elsewhere? YES NO

<i>If yes, please provide the following information:</i>	
Name of the organization taking disciplinary action	
Address of the organization	
Nature of the disciplinary action	
Outcome (if applicable)	
Date of disciplinary action	

Reason for disciplinary action	
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- (8) Have you ever been disqualified by a court of competent jurisdiction from being a trustee or a controller of a company? YES NO

<i>If yes, please provide the following information:</i>	
Name and place of court	
Date of disqualification	
Reason for disqualification	

- (9) Do you have any record of non-compliance with any non-statutory codes or guidelines promulgated by any regulator in Ghana or any relevant overseas authority? YES NO

<i>If yes, please provide the following information:</i>	
Name and place of regulator/ authority	
Details of non-compliance (with dates)	

- (10) 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	

- (11) Have you ever been declared bankrupt by a court or are you currently subject to bankruptcy proceedings or a bankrupt who has 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)	

(12) Have you as Controller, ever been concerned with a body corporate, partnership or unincorporated institution which was wound up (other than voluntary dissolution), adjudicated bankrupt by a court or was otherwise insolvent or had a receiver or administrator appointed, or was the subject of any investigation by inspector, the police, or by any professional body, association, disciplinary tribunal or inspector appointed under any enactment, or by any other regulatory body in relation to any of its business in Ghana or elsewhere?

YES NO

<i>If yes, please provide the following information:</i>	
Name of the body corporate/ partnership/unincorporated institution:	
Date of event:	
Details of event:	
Nature of investigation:	
Name of the organization undertaking investigation:	
Summary of findings (with dates):	

(13) Have you as Controller, ever been concerned with a body corporate, partnership or unincorporated institution which was convicted of any offence; or censured, disciplined or reprimanded by, or denied or disqualified from membership of, a professional or trade body; or whose authorization or registration or similar type of approval has ever been refused, suspended or revoked by a regulatory body?

YES NO

<i>If yes, please provide the following information:</i>	
Name of the body corporate/ partnership/unincorporated institution:	
Details of event:	
Nature of event:	
Date of event:	
Name of the court/body:	

(14) Please describe any business interests (beneficial or otherwise) relating to trustee business other than those business interests with the applicant Pension Fund Manager, which exist or which may exist.

SECTION VII– PARTICULARS OF THE INDEPENDENT DIRECTOR

- (1) Are you an employee or partner of the applicant Pension Fund Manager, or an employee or partner of an associate of the applicant Pension Fund Manager? **YES** **NO**
- (2) Are you a director of an associate of the applicant Pension Fund Manager? **YES** **NO**
- (3) Do you hold any shares of the following (*Tick 'v' whichever appropriate*): **YES** **NO**
- The applicant Pension Fund Manager (otherwise than as a director or professional adviser); or
 - Any Controller of the applicant Pension Fund Manager; or
 - Any associate of the applicant Pension Fund Manager or any associate of any such controller that could affect the impartiality of the director's independent judgment?
- (4) Are you an auditor of any scheme to which the applicant Pension Fund Manager has been appointed? **YES** **NO**

SECTION VIII – DOCUMENTS TO BE ATTACHED

Attachment No.	Document

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 of Application:** _____

OFFICIAL WITNESS

▪ **Name of Official*:** _____

▪ **Designation:** _____

▪ **Signature:** _____

▪ **Date:** _____

