NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/KYC/04/01/21

NATIONAL PENSIONS ACT, 2008 (ACT 766)

KNOW YOUR CUSTOMER INFORMATION (DECLARATION BY THE CONTROLLER OF A CORPORATE TRUSTEE WHO IS A COMPANY)

NOTES:

- (1) This form shall be filled by a Controller which is a company.
- **(2)** Controller in relation to a Corporate Trustee includes the shareholders of the applicant Corporate Trustee.
- (3) The completed form shall be included in the application for renewal of licence as a Corporate Trustee.
- (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)** This application should be endorsed by three (3) Directors of the Board of the Company who is a Controller.
- (7) Please provide any other information which may assist the National Pensions Regulatory Authority ("the Authority") in reaching a decision on the application if necessary.

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED:	
SUBJECT OFFICER:	
INPUT OFFICER:	
VERIFICATION OFFICER:	

01011	ON I - AFFOINIMENT OF CON	- KOLLEK					
(1)	Name of applicant Corporate	Trustee:					
(2)	Date of appointment as Contr	oller (Sharehold	der) of app	plicant Co	orporate T	rustee:	
	DD	MM	•	YYYY			
SECTI	ON II – PARTICULARS OF THE C	ONTROLLER					
3ECII	ON II - PARIICULARS OF THE C	ONIKOLLEK					
(1)	In what capacity are you a Co	ontroller of the	applicant	Corporat	e Trustee?	•	
	Shareholder			Indicate i	f Preferen	ce Shareholde	er:
	Other			Indicate i	f Ordinary	Shareholder	
			Indicate	Percentag	e (%) Hold	ling:	
			Indicate	Number o	f Shares:		
SECTI	ON III– COMPANY PROFILE						
1.	Name of Company:						
2.	Corporate Email Address:		Primary E Location				
3.	Tel. No.:		Website:				
4.	Name of Contact Person:			Design	ation:		
	Email Address:			Cell Ph	one No:		
5.	Company Registration No.:		1	Date of In	corporation	on:	
6.	Place of Incorporation:			Tax Identii No. (TIN):	fication		
8.	Briefly describe the nature of the business of the company.						

Has the company ever been convicted of any offence or is the company the YES (1) NO subject of unresolved charges, in Ghana or elsewhere? 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 (2) Has the company ever been a party to any civil litigation, in Ghana or YES NO elsewhere? If yes, please provide the following information: Name of plaintiff, defendant and third party (if any) Nature of litigation Outcome of litigation Name and place of court where proceedings coomenced Date of litigation(**DD/MM/YYYY**) (3) Other than those listed under question (2) above, if any, has the company YES NO ever been or is the company presently, or does the company expect to be engaged in any litigation in Ghana or elsewhere? If yes, please provide the following information: Name of the parties involved Place of litigation Nature of litigation Date of litigation(DD/MM/YYYY) Has the company ever been refused the right or restricted in the right to carry YES NO (4) on any trade, business or profession for which a specific license, registration or other authority is required by law in any place?

If yes, please provide the following information:

SECTION IV- DISCIPLINARY AND CONVICTION HISTORY, FINANCIAL STATUS

	Name of the organisation		
	Address of the organisation		
	Action taken by the organisation		
	Date of such action		
	Reason for such action:		
(5)		lisqualified, censured or disciplined by any ulatory body in relation to any of its business	NC
	If yes, please provide the followin	g information:	
	Name of the organisation taking disciplinary action		
	Address of the organisation		
	Nature of the disciplinary action		
	Outcome (if applicable)		
	Date of disciplinary action		
	Reason for disciplinary action		
(6)	from being a trustee or a Contro	<u> </u>	NO
	If yes, please provide the followin	Ĭ	
	Name and place of court		
	Name and place of court		
(7)	Name and place of court Date of disqualification Reason for disqualification Are there any disciplinary act	tions or proceedings pending against the YES de, business or profession carried on by it in	NC
(7)	Name and place of court Date of disqualification Reason for disqualification Are there any disciplinary accompany in relation to any trace	tions or proceedings pending against the YES de, business or profession carried on by it in	NC
(7)	Name and place of court Date of disqualification Reason for disqualification Are there any disciplinary accompany in relation to any tracany place?	tions or proceedings pending against the YES de, business or profession carried on by it in	NC
(7)	Name and place of court Date of disqualification Reason for disqualification Are there any disciplinary accompany in relation to any tracany place? If yes, please provide the following Name of the organisation taking	tions or proceedings pending against the YES de, business or profession carried on by it in	NC
(7)	Name and place of court Date of disqualification Reason for disqualification Are there any disciplinary accompany in relation to any trace any place? If yes, please provide the followin Name of the organisation taking disciplinary action	tions or proceedings pending against the YES de, business or profession carried on by it in	NC
(7)	Name and place of court Date of disqualification Reason for disqualification Are there any disciplinary act company in relation to any trace any place? If yes, please provide the followin Name of the organisation taking disciplinary action Address of the organisation	tions or proceedings pending against the YES de, business or profession carried on by it in	NC
(7)	Name and place of court Date of disqualification Reason for disqualification Are there any disciplinary act company in relation to any trace any place? If yes, please provide the followin Name of the organisation taking disciplinary action Address of the organisation Nature of the disciplinary action	tions or proceedings pending against the YES de, business or profession carried on by it in	NC

inspector appointed under any enactment, or by any other regulatory body in relation to any of its business in Ghana or elsewhere?

	If yes, please provide the followi	ng information:		
	Name of the organisation undertaking investigation			
	Address of the organisation			
	Nature of the investigation			
	Summary of findings with dates			
(9)		y record of non-compliance with any non- romulgated by any regulator in Ghana or any	YES	NO
	If yes, please provide the followi	ng information:		
	Name of regulator/ authority			
	Place of Authority			
	Details of non-compliance (with dates)			
	elsewhere, outstanding agains If yes, please provide the following Current status		_	
	Outcome			
	Amount involved			
(11)	arrangement or any form of co		YES	NO
	If yes, please provide the followi	ng information:		
	Details of arrangement or composition (with dates)			
	composition (with dates)			
(10		nted for winding up the acres sure?	VEC	NO
(12	nas a petition ever been prese	nted for winding up the company?	YES	

Date of such petition			
Current status			
Outcome			
Amount involved			
Has a receiver ever been apportude the affairs of the company?	inted by the court or any creditor to manage	YES	
If yes, please provide the following	ng information:		
Date of such petition			
Current status			
Outcome			
Amount involved			
in Ghana or elsewhere?			
If yes, please provide the following	ng information:		
	ng information:	_	
If yes, please provide the following Name of the body corporate/partnership/unincorporated	ng information:		
If yes, please provide the following Name of the body corporate/partnership/unincorporated inst.	ng information:		
If yes, please provide the following Name of the body corporate/partnership/unincorporated inst. Date of event	ng information:		
If yes, please provide the following Name of the body corporate/partnership/unincorporated inst. Date of event Details of event Name of the organisation	ng information:		
If yes, please provide the following Name of the body corporate/partnership/unincorporated inst. Date of event Details of event Name of the organisation undertaking investigation	ng information:		

authorization or registration or similar type of approval has ever been refused, suspended or revoked by a regulatory body?

If yes, please provide the followin	g information:
Name of the body corporate/ partnership/unincorporated inst.	
Details of event	
Nature of event	
Date of event	
Name of the court/body	

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

SECTION V- DOCUMENTS TO BE ATTACHED

Attachment No.	Document

SECTION VI – DECLARATION

We/I* declare that to the application form is correct		y* knowledge and belief the infor	mation given in th
We/I* certify that the doc	uments attached	to this Form are true and correct co	pies.
We/I* undertake to prominformation given in this F		uthority of any matter which affect	ts the validity of a
	· -	ndertake to promptly notify the Auth	-
Name of Controller:			
Signature/Company	seal:		
Date of application:			
Name of Signatory		<u>Signature</u>	<u>Date</u>
1	•••••		
2			
3			
	ntact person for th	he Authority's enquiries in connectio	on with this applicat
NIA AAF	-	he Authority's enquiries in connectio	on with this applicat
NAME :			on with this applicat