

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/DIR/KYC/23

NATIONAL PENSIONS ACT, 2008 (ACT 766)

KNOW YOUR CUSTOMER INFORMATION

(DECLARATION BY THE **DIRECTOR** OF A CORPORATE TRUSTEE/PENSION FUND
MANAGER/PENSION FUND CUSTODIAN)

NOTES:

- (1) *This form shall be filled by a Director who is an individual in the company.*
 - (2) **Individuals** in relation to a company includes Directors and Chief Executive Officer of the company.
 - (3) *The completed form shall be scanned and attached to the Excel Workbook for renewal of license/ registration.*
 - (4) *Affix Passport photo of Director on Page 1 of this form.*
 - (5) *All data fields must be answered. If any data field is not applicable, please write N/A.*
 - (6) *The responses should be inputted in the respective **work sheet** provided in your respective Reporting Code-Excel workbook.*
 - (7) *Please provide any other information which may assist the National Pensions Regulatory Authority*
-

NO.	DATAFIELD	TAXONOMY/DESCRIPTION	RESPONSE
1	Status	Indicate type of entity to which are director	
2	Surname	Given name of the Individual	
3	Other Name(s)	Other given names of an Individual	
4	First Name	Family name of the Individual	
5	Date of Birth	Director's Date of Birth (DD.MM.YYYY)	
6	Nationality	Country of Birth/ Origin	
7	Individual Tax Identification Number	Unique Tax Identification for the individual by Ghana Revenue Authority	
8	Ghana Card Number	Unique Identification Number issued to individual National Identification Authority	
9	Gender	Male or Female	
10	Digital Address of Individual	A unique identification number generated for unit of GPS location linked to a permanent residence	
11	Personal Telephone Number	Telephone number of the individual	
12	Email Address	Personal electronic mail of individual	
13	Highest Educational Qualification	Most advanced educational level attained (Doctorate Professional Masters Undergraduates Higher National Diploma Others)	
14	Position	Position held in company (non-Executive Executive None)	
15	Board/Management Role	Role at Board or Management level	
16	Date of Appointment	Appointment date as director of company	
17	Main Current Job	Name of current employer	

NO.	DATAFIELD	TAXONOMY/DESCRIPTION	RESPONSE
18	Working Experience	Number of years one has worked	
19	Previous Jobs (In the Last Five Years)	List name(s) of previous employers	
20	Related Party Dealings	Are you a director or Shareholder in any other corporate trustee, pension fund manager or pension fund custodian company?	
21	Mental Capacity	Have you ever been found by a court, to be of unsound mind and incapable of managing your personal affairs?	
22	Criminal Records	Have you as an individual ever been convicted of any offence or the subject of unresolved charges, in Ghana or elsewhere?	
23	Party to Civil Litigations	Have you ever been or currently a party to any civil litigation, in Ghana or elsewhere?	
24	Blacklisting	Have you ever been convicted by a court of competent jurisdiction and banned from being a trustee, shareholder, or a controller of a company?	
25	Contempt of Court	Have you as an individual failed to comply with any judgment debts, judgments, or courts orders for the payment of damages, or other sums of money, in Ghana or elsewhere, outstanding against you?	
26	Interconnectedness	Has any company other than this entity in which you hold shares benefited from any scheme investment from the pension industry?	
27	Relationship With a Blacklisted Party	Have you as an individual, ever been concerned with a body corporate, partnership or unincorporated entity whose directors or shareholder were 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 refused, suspended or revoked by a regulatory body in Ghana or elsewhere?	

NO.	DATAFIELD	TAXONOMY/DESCRIPTION	RESPONSE
28	Eligibility	Have you as an Individual, 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?	

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 of Application:** _____