

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/INDIVIDUAL TRUSTEE/2024

NATIONAL PENSIONS ACT, 2008 (ACT 766)

KNOW YOUR CUSTOMER INFORMATION

(DECLARATION BY AN **INDIVIDUAL TRUSTEE(NEW)** OF A REGISTERED SCHEME-
OCCUPATIONAL, PROVIDENT, GROUP AND PERSONAL PENSION SCHEMES)

NOTES:

- (1) *This form shall be filled by a New Individual trustee of a registered Scheme.*
 - (2) *The completed form shall be included in the application for renewal of Licence*
 - (3) *All data fields must be answered. If any data fields is not applicable, please write "N/A."*
 - (4) *Please provide any other information which may assist the National Pensions Regulatory Authority*
-

NO.	DATAFIELD	TAXONOMY/DESCRIPTION	RESPONSE
1	First Name	Given name of the Individual	
2	Other Name(s)	Other given names of an Individual	
3	Surname	Family name of the Individual	
4	Gender	Male or Female	
5	Status	Type of Nomination (Member-Nominated Trustee Independent Trustee)	
6	Social Security No.	Unique Identification issued by Social Security National Insurance Trust	
7	Ghana Card Number	Unique identification issued by National Identification Authority	
8	Tier 2 Contribution Enrolment No.	Unique number generated for contributor by Scheme	
9	Place of Work of Individual	Name of current employer of the individual	
10	Dedicated Email of Individual	Electronic mail address of the individual for correspondence	
11	Digital Address of Individual	A unique identification number generated for unit of GPS location linked to a permanent residence	
12	Educational Qualification	Most advanced educational level attained (Doctorate Professional Masters Undergraduates Higher National Diploma Others)	
13	Pension College Certification	Have you undergone National Pensions Regulatory Authority training? YES/ NO	
14	List Name(s) and Type of Scheme for Other	State other Schemes you serve on	

NO.	DATAFIELD	TAXONOMY/DESCRIPTION	RESPONSE
	Schemes You Serve on as Trustee		
15	Mental Capacity	Have you ever been found by a court, to be of unsound mind and incapable of managing your personal affairs?	
16	Criminal Records	Have you ever been convicted of any offence or the subject of unresolved charges, in Ghana or elsewhere? If yes, attach details on the matter.	
17	Professional Misconduct	Have you in Ghana or elsewhere ever been dismissed from any office or position subject to disciplinary proceedings or barred from entry into any profession or occupation? If yes, attach details on the matter.	
18	Blacklisting	Have you ever been convicted by a court of competent jurisdiction and banned from being a trustee or a controller of a company? If yes, attach details on the matter.	
19	Contempt Of Court	Have you failed to comply with any judgment debts, judgments, or court orders for the payment of damages, or other sums of money, in Ghana or elsewhere, outstanding against you? If yes, attach details of payment status.	
20	Relationship With A Blacklisted Party	Have you ever been concerned with a body corporate, partnership or unincorporated entity 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 authorisation or registration or similar type of approval refused, suspended or revoked by a regulatory body in Ghana or elsewhere? If yes, attach details on the matter.	
21	Related Party Dealings	Are you a Director/Shareholder in any other corporate trustee, pension fund manager or pension fund custodian company?	
22	Proof of payment	Swift Advice on Application and Licensing and Renewal Fees Paid (Evidence of payment)	

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:** _____