

# NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/INDIVIDUAL TRUSTEE/2024

## NATIONAL PENSIONS ACT, 2008 (ACT 766)

### KNOW YOUR CUSTOMER INFORMATION

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

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#### **NOTES:**

- (1) This form shall be filled by an existing Individual trustee of a registered Scheme.
  - (2) The completed form shall be included in the application for renewal of Licence
  - (3) All data field must be answered. If any data field is not applicable, please write "N/A."
  - (4) Please provide any other information which may assist the National Pensions Regulatory Authority
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<b>NO.</b>	<b>DATAFIELD</b>	<b>TAXONOMY/DESCRIPTION</b>	<b>RESPONSE</b>
<b>1</b>	Scheme ID	Unique ID number generated for a registered scheme with NPRA	
<b>2</b>	Name of Scheme	Name of Scheme you serve on as a trustee	
<b>3</b>	Type of Scheme	Type of 3-Tier Scheme individual serve on as a trustee	
<b>4</b>	Individual Trustee License Number	Unique ID number generated for a licensed Individual/Independent Trustee with NPRA	
<b>5</b>	Status of Individual Trustee on Scheme	Type of Nomination	
<b>6</b>	First Name of Individual Trustee	Given name of Individual	
<b>7</b>	Other Names of Individual Trustee	Other names of Individual	
<b>8</b>	Surname of Individual Trustee	Family name of Individual	
<b>9</b>	Ghana Card ID Number of Individual Trustee	Unique identification issued by National Identification Authority	
<b>10</b>	Email Address of Individual Trustee	Electronic mail address for all mail correspondence	
<b>11</b>	Telephone Number of Individual Trustee	Phone number of the individual	
<b>12</b>	Name of Contact Person for Scheme	An official name of contact person for the scheme	
<b>13</b>	Designation of Contact Person	Role of the contact person on Scheme	
<b>14</b>	Contact Person's	An official telephone number of the contact person	

NO.	DATAFIELD	TAXONOMY/DESCRIPTION	RESPONSE
	Telephone Numbers		
15	Dedicated Email	Electronic mail address for all mail correspondence	
16	Pension College Certification	Have you undergone National Pensions Regulatory Authority training	
17	List Name(s) & Type of Scheme for Other Schemes You Serve on as Trustee	State other Schemes you serve on as a Trustee	
18	Mental Capacity	Have you ever been found by a court, to be of unsound mind and incapable of managing your personal affairs?	
19	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.	
20	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.	
21	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.	

NO.	DATAFIELD	TAXONOMY/DESCRIPTION	RESPONSE
22	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.	
23	Relationship With a Blacklisted Party	Have you ever been concerned with a body corporate, partnership or unincorporated entity which was wound up (other than voluntary dissolution), or was otherwise insolvent or had a receiver or administrator appointed, or was the subject of any investigation by State Investigative agencies under any enactment, or by any other regulatory body in Ghana or elsewhere? If yes, attach details on the matter.	
24	Related Party Dealings	Are you a Director/ Shareholder in any corporate trustee, pension fund manager or pension fund custodian company?	
25	Pension College Certification	Attach Pensions College Certificate/ Continuous Professional Development in Pensions/ Other Approved Certification	
26	Proof of payment	Swift Advise on Application and Registration Fees Paid	

**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:** \_\_\_\_\_