

PPT PERSONAL PENSION SCHEME REGISTRATION FORM

All sections must be completed in BLACK or BLUE INK and in BLOCK LETTERS only.

PPT-PPS ENROLMENT NUMBER *(Office use only)*

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PART I: MEMBER'S PERSONAL DETAILS

Last Name:		
First Name:		
Middle Name(s):		
Previous Name or Maiden Name:		
Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ghana Card Number	Date of Issue	
Place of Issue	Expiry Date	
Other ID Cards <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other <i>(Specify)</i>		
Other ID Card Number	Expiry Date	
Occupation of Member		
Place of Birth	Town/City:	Region:
	District:	Country:
Father's Name	Mobile Phone No:	
Mother's Name	Mobile Phone No:	

CURRENT CONTACT DETAILS

Permanent Address	
Digital Address Code	
Postal Address	
Landmark	
Mobile Phone No:	E-Mail Address:
Home Town:	Region:
Marital Status <i>(Tick only one)</i> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	

PART II: ASSOCIATION DETAILS

Association Name:	
Registrar General Registration Number:	Office Location:
Postal Address:	
Mobile Phone Number:	Other Phone No.:
E-mail Address:	Date Joined Scheme:

