

NPRA/CT/16003 NPRA/PPS/17003

REFERRAL CODE: 060

Passport Picture

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)								
PART I: MEMBER'S PERSONAL DETAILS								
Last Name:								
First Name:								
Middle Name(s):								
Previous Name or Maiden Name:								
Date of Birth: D D M M V V V Gender Male Female								
Ghana Card Number	Date of Issue							
Place of Issue	Expiry Date							
Other ID Cards Driver's License Passport Other (Specify)								
Other ID Card Number	Expiry Date							
Occupation of Member								
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 (Tick only one) Single Married	Widowed 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:								

PART III: MEMBER BENEFICIARIES

I, hereby declare that the person(s) whose names are indicated below are to recieve any benefits due me in the event of my death.

NAME OF BENEFICIARIES	DATE OF BIRTH	RELATIONSHIP	ADDRESS OF BENEFICIARIES	BENEFICIARY ID	BENEFICIARY ID TYPE	PHONE NUMBER(S)	ALLOCATION %
						TOTAL	

DECLARATION

I CERTIFY THAT:

I have never been registered as a member of this scheme and,
 The facts stated above are true and accurate.

LEFT THUMB PRINT			RIGHT THUMB PRINT						
	INDEX	In the absence of a thumb, tick which finger was used		INDEX					
					,				
Signature of Contribut	or				Date				
FOR GROUPS AND ASSOCIATION									
I	••••••			CERTIFY TH	AT:				
 Completion of both sides of this form was supervised by me and The thumb prints and signature on this form are those of the contributer. 									
					Date				

Signature Stamp & Seal of Association

Name of Registering Officer