



EMPLOYER ENROLLMENT FORM

Kindly read Explanatory Notes on page 2 before filling this form.

SCHEME INFORMATION (To be provided by Trustee) NOTE 1

Name of Scheme		NPRA Employer Enrollment No.	
----------------	--	------------------------------	--

1) EMPLOYER PARTICULARS

Name of Employer			
Company Registration No.	SSNIT Employer Enrollment No.	TIN:	
Business Location	Mailing Address		
Email	Fixed Line (s)		
Other Business Locations	Nature of Business		
Industry Category	<input type="checkbox"/> Financial Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Agricultural <input type="checkbox"/> Educational Other:		

2) CONTACT PERSON

Name		Position held	
Mobile No.		Email	

3) CONTRIBUTION DETAILS NOTE 2

Number of Employees		Total 5% Monthly Contributions (GH¢)		Date of Registration	
---------------------	--	--------------------------------------	--	----------------------	--

4) EMPLOYER'S DECLARATION

I,, representative of

declare and certify that:-

- (a) the information given above is accurate and true;
- (b) we have enrolled all workers under the Scheme and have submitted workers' enrollment forms in respect of all employees of the company to the Registered approved Trustee and NPRA;
- (c) we fully understand our obligations under the Scheme;
- (d) we will comply with the relevant provisions of Act 766.

Signature: Designation:

Date:

OFFICIAL STAMP OF EMPLOYER

FOR OFFICE USE ONLY

Name of Corporate Trustee: License No.:

Signature of Corporate Trustee Representative:

DATA INPUT OFFICER:

Name: Sign: Date:

SCHEME DATA AUTHORIZING OFFICER:

Name: Sign: Date:

OFFICIAL STAMP OF CORPORATE TRUST



EXPLANATORY NOTES:

1. Scheme Information would be assigned by Trustee administering the Scheme to which the Employer is applying for participation.
2. The NPRA Employer enrollment Number shall be provided by NPRA if applicable.
3. Attach Contributors List indicating: (on a CD accompanied by a cover letter on the Employer's letterhead)
 - i. **Name of Contributor;**
 - ii. **Date of Birth (*in accordance with SSNIT registration details*)**
 - iii. **Social Security No. of Contributor;**
 - iv. **Staff No. of Contributor**
 - v. **Monthly Pensionable Salary; and**
 - vi. **5% Monthly Contribution.**