



NATIONAL PENSIONS ACT, 2008 (ACT 766)

CONTRIBUTOR STAFF ID

Form: - NPRA/PSW/CEF/2016

NAME OF MINISTRY: MINISTRY CODE:.....

NAME OF SCHEME:

TYPE OF SCHEME:

PUBLIC SECTOR CONTRIBUTOR ENROLMENT FORM

CONTRIBUTOR'S NAME	<i>SURNAME</i>		<i>FIRST NAME</i>		
	<i>OTHER NAMES</i>				
PREVIOUS NAME / MAIDEN NAME	<i>SURNAME</i>		<i>FIRST NAME</i>		
	<i>OTHER NAMES</i>				
DATE OF BIRTH (DD/MM/YYYY)		AGE		SEX	
NATIONALITY				MARITAL STATUS	
PLACE OF BIRTH	<i>Town</i>	<i>District</i>	<i>Region</i>	COUNTRY OF BIRTH	
PERMANENT ADDRESS			MAILING ADDRESS		
CURRENT CONTACT DETAILS	<i>MOBILE PHONE NUMBER</i>		<i>FIXED LINE</i>	<i>E-MAIL ADDRESS</i>	
IDENTIFICATION DETAILS	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Voter's ID <input type="checkbox"/> National ID		ID NUMBER		SOCIAL SECURITY NUMBER
NAME OF FATHER			NAME OF MOTHER		
FATHER'S ADDRESS			MOTHER'S ADDRESS		
PREVIOUS EMPLOYER (IF ANY)				PREVIOUS CONTRIBUTOR ENROLLMENT NUMBER	
NATURE OF EMPLOYMENT			NATURE OF INCOME		
ANNUAL BASIC SALARY (GH¢)		MONTHLY BASIC SALARY (GH¢)		5% CONTRIBUTION (GH¢)	
INSTITUTION'S NAME				INSTITUTION'S CODE	

NOTE: All information should be written legibly and boldly in CAPITAL LETTERS.

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BENEFICIARY NOMINATION**I HEREBY NOMINATE THE PERSON(S) BELOW AS MY DEPENDANTS TO RECEIVE DEATH AND SURVIVAL BENEFITS IN THE EVENT OF MY DEATH:**

NAME OF BENEFICIARY	DATE OF BIRTH OF BENEFICIARY	RELATIONS OF BENEFICIARY TO CONTRIBUTOR	PERMANENT ADDRESS OF BENEFICIARY	PERCENTAGE ALLOCATION TO BENEFICIARY (To Total 100%)	BENEFICIARY MOBILE NUMBER	BENEFICIARY EMAIL ADDRESS

DECLARATION:*I declare and certify that:-*

- 1) *I am not a member of any other similar scheme;*
- 2) *I am not in possession of another Contributor Enrollment Number;*
- 3) *the facts herein stated are accurate and true;*
- 4) *I am duly informed and to my full understanding that, I will be liable to prosecution for any false declaration herein or hereafter made to the Scheme.*

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