



PUBLIC SECTOR DEPARTMENT/AGENCY ENROLMENT FORM

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

SCHEME INFORMATION (To be provided by Trustee) NOTE 1

Name of Scheme Scheme ID

1) DEPARTMENT/AGENCY PARTICULARS

Name of Ministry Ministry Code:

Name of Institution Institution Code

Business Location Mailing Address

Email Fixed Line (s)

Processing of Payroll Controller (CAGD) In-house Nature of Business

Industry Category Financial Services Health Agricultural Educational

Other:

2) CONTACT PERSON

Name Position held

Mobile No. Email

3) CONTRIBUTION DETAILS NOTE 2

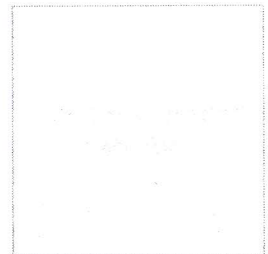
Number of Employees Total 5% Monthly Contributions (GH¢) Date of Registration

4) INSTITUTION'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' enrolment 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: Chief Director Chief Executive Officer

Date:

FOR OFFICE USE ONLY

Name of Scheme Administrator: License No.:

Signature of Scheme Administrator Representative:

DATA INPUT OFFICER:

Name: Sign: Date:

SCHEME DATA AUTHORIZING OFFICER:

Name: Sign: Date:

