

Passport
Picture

Note: Please provide and crosscheck the correct information below

1. PERSONAL DETAILS

Name of Contributor			
SSNIT Number		Gender	
Mailing Address		Res. Address	
Email Address		Telephone No.	
Date of Birth		Place of Birth	
Occupation		Nature of business	
National ID Type		Marital Status	

2. CONTACT PERSON

Name		Email Address	
Telephone Number		Relationship	

3. CONTRIBUTION DETAILS

Expected Monthly Contribution		Payment Date	
Retirement %		Savings %	

4. CONTRIBUTOR'S DECLARATION

I, Do hereby declare and certify that

- a. the information given above is accurate and true;
- b. I have enrolled under the scheme and have submitted enrolment form to the registered trustee and NPRA;
- c. I fully understand my obligations under the scheme;
- d. I will comply with the relevant provisions of Act 766.

Signature Date

FOR OFFICE USE ONLY

Name of Corporate Trustee

Input Officer Date

Authorising Officer Date

E-Plaza 2 Osubadu Street, Dzorwulu, Accra-Ghana
P. O. Box 8952, Accra
+233 302 780 720 | +233 302 780 765 | +233 302 780 793 | +233 302 780 452
Email: info@bestpensionstrust.com Website: www.bestpensionstrust.com

Next of Kin

Name		Address	
Date of Birth		Location	
Phone Number		Relationship	

PLEASE APPOINT YOUR BENEFICIARIES AND INDICATE A PERCENTAGE FOR EACH OF THEM TOTALLING 100 PERCENT

Beneficiary Details

Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated
Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated
Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated
Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated
Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated
Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated
Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated
Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated
Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated
Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated
Title	Last Name	First Name	Other Name
Date of Birth	Relationship		% Allocated

Privacy Policy - All information provided on this form is private and protected and can only be accessed by the authorised parties involved.