



**BEST  
PENSIONS  
TRUST**

**EMPLOYER PROVIDENT FUND FORM**

...your retirement, our plan

**Note: Please provide and crosscheck the correct information below**

**1. EMPLOYER PARTICULARS**

Name of Employer			
Company Registration No.		Employer SSNIT No.	
Business Location			
Email		TIN	
Phone		Mailing Address	
Fixed Line		Fax	

**2. CONTACT PERSON**

Name		Position	
Phone		Email	

**3. CONTRIBUTION DETAILS**

No. of Employees		Employer Contribution Rate	
Total Contribution		Employee Contribution Rate	

**4. EMPLOYER'S DECLARATION**

We/I.....Representative of  
.....declare and certify that.

1. the information given above is accurate and true;
2. we/I have enrolled all/some workers under the scheme and have submitted staff's enrollment forms in respect of all employees to the Registered approved Trustee and NPRA;
3. we fully understand our obligation under the scheme.
4. we will comply with the relevant provision of act 766.

Signature:..... Designation:.....

Date:.....

**FOR OFFICE USE ONLY**

Input Officer:..... Date:.....

Authorising Officer:..... Date:.....