



NATIONAL PENSIONS REGULATORY AUTHORITY

MONTHLY REMITTANCE STATEMENT

Name of Scheme	BEST TRUST SCHEME		
Type of Scheme	TIER TWO (2)		
Name of Participating Employer		Employers Address	
Employer Registration Number		Telephone Number	

PAYMENT DETAILS

- Month/Year of Contribution:
- Total Number of Contributors:
- Total Monthly Basic Salary:
- Total Monthly 5% Contribution:
- Payment Due Date:
- Pension Fund Custodian:

NB: Please attach Monthly Contributions Report as described in Instruction on page 2.

DECLARATION BY PARTICIPATING EMPLOYER – (A)

I, the (State designation)
of (Name of Employer) **certify that**
the contents of the Monthly Remittance Statement and Contributions Report are accurate.

Signature Official Stamp of Employer:
Date of Submission:

FOR OFFICIAL USE ONLY – (B)

Official Stamp (if Corporate Trustee):

Authorised Person:

Signed:

Date: