



PENSIONS SERVICES ENGAGEMENT REQUEST FORM

EMPLOYER DETAILS		
1.	Name of Employer	
2.	Location Address	
3.	Postal Address	
4.	Office Telephone Number(s)	
5.	Fax Number (s)	
6.	Email Address	
7.	Business Registration Number	
8.	Tax Identification Number	
9.	Social Security Number	
EMPLOYER CONTACT PERSON DETAILS		
10.	Name of 1 st Contact Person	
11.	Telephone Number (s)	
12.	Email Address	
13.	Name of 2 nd Contact Person	
14.	Contact Telephone Number (s)	
15.	Email Address	

TYPE OF SCHEME AND FUND SIZE	
Tier-2 Scheme <input type="checkbox"/>	Tier-3 Scheme <input type="checkbox"/>
Fund Amount: GH¢ _____	Fund Amount: GH¢ _____
Number of Staff: _____	Number of Staff: _____

COMPLETE IF YOU OPT FOR TIER 3.....

a.	Level of contributions	Employee (%):
		Employer (%):
b.	Employer's vesting conditions must address: 1. After how many years an employee is entitled to employer contribution. 2. Can an employee make partial withdrawal from employer contribution? 3. After how many years? 4. Frequency of withdrawal (interval of withdrawal) 5. Maximum withdrawal (%) :	
c.	Withdrawal from employee account must address: 1. Partial withdrawal from employee account allowed? 2. After how many years? 3. Frequency of withdrawal (interval of withdrawal) 4. Maximum withdrawal (%):	

DECLARATION

We warrant that the above statement and particulars are true. We hereby agree that this Declaration shall be held promissory and of continuing effect and shall form the basis of and be deemed to be incorporated in the Contract between us and the Enterprise Trustees Limited.

Official Stamp & Date _____ Signature (on Behalf of Employer) _____

FOR OFFICIAL USE ONLY

ASSIGNED FUND MANAGER	
STAFF ASSIGNED TO WORK ON FORM	
VIRTUAL ACCOUNT NUMBER	
APPROVED BY:	
SIGNATURE:	
DATE:	