



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	Click here to enter text.	Scheme ID	Click here to enter text.
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1) DEPARTMENT/AGENCY PARTICULARS

Name of Ministry	Click here to enter text.	Ministry Code:	Click here to enter text.
Name of Institution	Click here to enter text.	Institution Code	Click here to enter text.
Business Location	Click here to enter text.	Mailing Address	Click here to enter text.
Email	Click here to enter text.	Fixed Line (s)	Click here to enter text.
Processing of Payroll	Controller (CAGD) <input type="checkbox"/> In-house <input type="checkbox"/>	Nature of Business	Click here to enter text.
Industry Category	<input type="checkbox"/> Financial Services <input type="checkbox"/> Health <input type="checkbox"/> Agricultural <input type="checkbox"/> Educational Other: Click here to enter text.		

2) CONTACT PERSON

Name	Click here to enter text.	Position held	Click here to enter text.
Mobile No.	Click here to enter text.	Email	Click here to enter text.

3) CONTRIBUTION DETAILS NOTE 2

Number of Employees	Click here to enter text.	Total 5% Monthly Contributions (GH¢)	Click here to enter text.	Date of Registration	Click here to enter text.
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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:

OFFICIAL STAMP OF EMPLOYER

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:



EXPLANATORY NOTES:

1. Scheme Information would be assigned by Trustee administering the Scheme to which the Employer is applying for participation.
2. The Scheme ID shall be provided by NPRA if applicable.
3. Attach completed Contributors (Active employees) enrolment forms and an electronic list on a CD accompanied by a cover letter on the Department/Agency's letterhead and forward them to the Scheme Administrator/Trustee indicating:

- i. **Ministry Code**
- ii. **Name of Ministry**
- iii. **Institution/Agency Code**
- iv. **Name of Institution/Agency**
- v. **Staff ID**
- vi. **SSNO**
- vii. **Surname**
- viii. **First Name**
- ix. **Other Names**
- x. **Postal Address**
- xi. **Region**
- xii. **Home Town**
- xiii. **Contact number**
- xiv. **Date of Birth (dd/mm/yyyy)**
- xv. **Date Joined Scheme (dd/mm/yyyy)**
- xvi. **Date of Retirement (dd/mm/yyyy)**
- xvii. **Nationality**
- xviii. **Gender (F or M)**
- xix. **Marriage Status (M-Married, S-Single, D-Divorce)**
- xx. **Status (Active or Exited or New)**
- xxi. **Beneficiaries (Name 1, Name 2, etc.)**
- xxii. **Beneficiary percentage (5%, 10%, etc.)**