





PPT OCCUPATIONAL PENSION SCHEME REGISTRATION FORM

All sections must be completed in BLACK or BLUE INK and in BLOCK LETTERS only.

PPT-OPS EN	ROLMENT NUMBER (Office use only)				
PART I: MEME	BER'S PERSONAL DETAILS				
Last Name:					
First Name:					
Middle Name(s):					
Previous Name	or Maiden Name:				
Date of Birth:	D D M M Y Y Y	Gender	Male Female		
Ghana Card Nur	mber	Date of Issue	e D D M M Y Y Y Y		
Place of Issue		Expiry Date			
Other ID Cards	Driver's License Passport	ther (specify)			
Other ID Card N	umber	Expiry Date	D D M M Y Y Y		
Occupation of M	dember (
Place of Birth	Town/City: Region:				
Place of Birth	District:	Country:			
Father's Name		Mobile P	Phone No:		
Mother's Name		Mobile P	Phone No:		
CURRENT CO	NTACT DETAILS				
Permanent Res	sidential Address				
Digital Address	Code				
Postal Address					
Landmark					
Mobile Phone N	Nos:	E-Mail Address:			
Home Town:		Region:			
Marital Status σ	ickonlyone) Single Married	Widowed Divorced			
PART II: EMPL	OYER'S DETAILS				
Employers Nan					
Nature of Empl		f Employement			
Postal Address:		Office Location			

PART II: EMPLOYER'S DETAILS (CON'T)

Mobile Phone No:	Other Phone No.:
E-mail Address:	Date Joined Scheme:
Annual Basic Salary	Contribution Rate
Date of Retirement:	

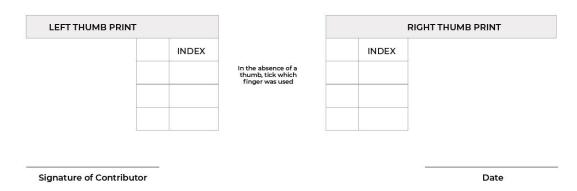
PART III: MEMBER BENEFICIARIES

I, hereby declare that the person(s) whose names are indicated below are to recieve any benefits due me in the event of my death.

NAME OF BENEFICIARIES	DATE OF BIRTH	RELATIONSHIP	ADDRESS OF BENEFICIARIES	BENEFICIARY ID	BENEFICIARY ID TYPE	PHONE NUMBER(S)	ALLOCATION %
DECLA						TOTAL	

1. I have never been registered as a member of this scheme and,

2. The facts stated above are true and accurate.



	FOR OFFICE USE ON	NLY (Must be completed b	by management)	
off Name:		Positi	ion:	
			Day Month Yea	ar