



NATIONAL PENSIONS ACT, 2008 (ACT 766)

Form: - NPRA/MTOPS/ERF/2012

EMPLOYER ENROLLMENT FORM (PRESTIGE OCCUPATIONAL MASTER TRUST SCHEME)

1) EMPLOYER DETAILS

- (a) Name of Employer:
- (b) Business Location:
- (c) Business Address:
- (d) Telephone: E-mail:
- (e) Tax Identification No. (TIN):
- (f) Nature of Business: Industry Category:
- (g) Other Business Locations:
- (h) Contact Person
 - Name of Contact Person:
 - Position in Company:
 - Address of Contact Person:
 - Telephone: E-mail:

2) CONTRIBUTION DETAILS

- (a) Number of Contributors: []
- (b) Total 5% contributions at registration: []
- (c) Registration Date:

(Attach Contributors List indicating names, Contributor Enrollment Number (CEN), Staff Number, Monthly Basic Salary and 5% Monthly Contribution on a CD with a cover letter)

3) EMPLOYER'S DECLARATION

We/I..... of declare and certify that:-

- (a) the information given above is accurate and true;*
- (b) that we/I have enrolled all workers under the Scheme and have submitted workers' enrollment forms in respect all employees of the company to the Registered approved Trustee and NPRA;*
- (c) that we/I fully understand my obligations under the Scheme;*
- (d) we/I will comply with the relevant provisions of Act 766.*

Dated the day of, 20.....

.....
Signature and Seal of Employer or his authorized agent

Name of Corporate Trustee: PRESTIGE PENSION TRUST

Date:

.....
Signature and Seal of Corporate Trustee representative

4) Business Registration No:

5) Employer Social Security No. (ER):