



**PENSOL OCCUPATIONAL PENSION SCHEME (TIER 2)
MEMBERSHIP ENROLMENT FORM**

NOTE: ALL INFORMATION SHOULD BE WRITTEN LEGIBLY AND BOLDLY IN CAPITAL LETTERS

**PASSPORT
PHOTO**

ENROLMENT NUMBER:

NAME OF CONTRIBUTOR	Surname	First name	Other Names
DATE OF BIRTH	SEX	NATIONALITY	ID TYPE/NUMBER
RESIDENTIAL ADDRESS	POSTAL ADDRESS	PHONE NO:	E-MAIL ADDRESS:
BASIC SALARY (GH¢)	5%OF MONTHLY CONTRIBUTION	SSNIT NO	HOME TOWN
NAME OF EMPLOYER		EMPLOYER'S ADDRESS	

BENEFICIARY(S) NOMINATIONS

NO.	NAME OF BENEFICIARY	DATE OF BIRTH	RELATIONSHIP	PERMANENT ADDRESS/ GPRS	CONTACT	%
TOTAL						100%

DECLARATION BY CONTRIBUTOR

I declare and clarify that:

1. The fact herein stated is accurate and true
2. I am duly informed and to my full understanding that, I will be liable to prosecution for any false declaration herein or hereafter made to the scheme.

SIGNATURE.....

DATED:.....

FINGER PRINTS	
LEFT THUMB PRINT	RIGHT THUMB PRINT

FOR OFFICAL USE ONLY

I certify that this form was filled in my presence by the above contributor

NAME OF ENROLMENT OFFICER

SIGNATURE

DATE