



**PENSOL PROVIDENT FUND SCHEME
MEMBERSHIP ENROLMENT FORM**

PASSPORT
PHOTO

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

ENROLMENT NUMBER:

| | | | | |
|--------------------------------------|---------------------------------------|--------------------|-----------------|--------------------|
| NAME OF CONTRIBUTOR | Surname | First name | Other Names | |
| DATE OF BIRTH | SEX | NATIONALITY | SSNIT NUMBER: | GHANA CARD NUMBER: |
| TELEPHONE NO: | MOBILE: | MARITAL STATUS: | POSTAL ADDRESS: | |
| MONTHLY EMPLOYEE CONTRIBUTION GH¢ | MONTHLY EMPLOYER CONTRIBUTIONS GH¢ | | | |
| COUNTRY OF BIRTH: | RESIDENTIAL ADDRESS/ GPRS: | | | |
| E-MAIL ADDRESS: | | | HOMETOWN | |
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS | | |

BENEFICIARY(S) NOMINATIONS

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

| FINGERPRINTS | |
|-------------------------|--------------------------|
| | |
| LEFT THUMB PRINT | RIGHT THUMB PRINT |

DECLARATION BY CONTRIBUTOR

I declare and clarify that:

1. The facts herein stated are accurate and true
2. I am duly informed and to my full understanding that I will be liable to prosecute for any false declaration herein or hereafter made with the scheme.

SIGNATURE.....

DATED:

FOR OFFICIAL USE ONLY

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

NAME OF ENROLMENT OFFICER

SIGNATURE

DATE