

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/RRC/CT/2013

APPLICATION FOR RENEWAL OF LICENCE AS A CORPORATE TRUSTEE

PART A

A. PARTICULARS OF APPLICANT

- 1. NAME OF APPLICANT CORPORATE TRUSTEE:
- 2. DATE OF PREVIOUS APPROVAL:
- 3. PREVIOUS LICENCE NUMBER:
- 4. EXPIRY DATE OF LAST APPLICATION:
- 5. SSNIT EMPLOYER NUMBER:
- 6. VALID SOCIAL SECURITY CLEARANCE CERTIFICATE:
- 7. VALID CERTIFICATE OF INCORPORATION:
- 8. VALID TAX CLEARANCE CERTIFICATE NUMBER:.....

B. PARTICULARS OF DIRECTORS

	NAME OF DIRECTOR	POSITION	DATE OF APPOINTMENT	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
10				

PART B

A. CAPITAL ADEQUACY OF THE TRUST COMPANY

(State amounts in Ghana Cedis)

1. PAID UP SHARE CAPITAL OF TRUST COMPANY:
2. NET ASSET VALUE OF TRUST COMPANY:
3. DATE OF VALUATION:

PART C

PERFORMANCE ON PREVIOUS LICENSE

A. SCHEMES REGISTERED BY CORPORATE TRUSTEE

1. NUMBER OF MASTER TRUST OCCUPATIONAL PENSION SCHEMES:
2. NUMBER OF PROVIDENT FUND MASTER TRUST SCHEMES:
3. NUMBER OF PERSONAL PENSION SCHEMES:
4. NUMBER OF GROUP PERSONAL PENSION SCHEMES:
5. TOTAL NUMBER OF ESTABLISHMENTS ENROLLED UNDER MASTER TRUST OCCUPATIONAL PENSION SCHEMES:
6. TOTAL NUMBER OF ESTABLISHMENTS ENROLLED UNDER THE PROVIDENT FUND MASTER TRUST PENSION SCHEMES:
7. TOTAL NUMBER OF WORKERS ENROLLED UNDER THE MASTER TRUST OCCUPATIONAL PENSION SCHEMES:
8. TOTAL NUMBER OF WORKERS ENROLLED UNDER PROVIDENT FUND MASTER TRUST SCHEME(S):
9. TOTAL NUMBER OF WORKERS ENROLLED UNDER THE PERSONAL PENSION SCHEME(S):
10. TOTAL NUMBER OF MEMBERS ENROLLED UNDER THE GROUP PERSONAL PENSION SCHEME(S):.....

B. CONTRIBUTIONS AND INVESTMENTS

1. TOTAL 5% CONTRIBUTIONS COLLECTED OR RECEIVED:
2. TOTAL TIER 3 CONTRIBUTIONS COLLECTED.....
3. CUMULATIVE AMOUNTS INVESTED:
4. CUMULATIVE EARNINGS ON INVESTMENTS:

PART D

DECLARATION

We declare that to the best of our knowledge and belief the information given in this application form is correct and complete. We certify that the documents attached to this application are true and correct copies. We undertake to notify the authority of any matter which affects the validity of any information given in support of our application. After the application is renewed, we undertake to notify the authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this form as soon as possible.

Name of Company:

Company Stamp /Seal

Name of Managing Director:

Signature of Managing Director:

Date:

Date of application:

PART E

A. RENEWAL FEE PAID:

B. DATE OF PAYMENT:

C. PAYMENT RECEIPT NUMBER.....