

**NATIONAL PENSIONS REGULATORY AUTHORITY**



NPRA/RRC/PFM/2013

**APPLICATION FOR RENEWAL OF REGISTRATION AS A PENSION FUND  
MANAGER**

**PART A**

**A. PARTICULARS OF APPLICANT**

- 1. NAME OF PENSION FUND MANAGER: .....
- 2. DATE OF PREVIOUS REGISTRATION: .....
- 3. PREVIOUS REGISTRATION NUMBER: .....
- 4. EXPIRY DATE OF LAST REGISTRATION: .....
  
- (Please Attach copies of items 5 to 8)
  
- 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 FUND MANAGER COMPANY**

(State amounts in Ghana Cedis)

1. SHAREHOLDERS FUND OF PENSION FUND MANAGEMENT COMPANY: .....
2. NET ASSET VALUE OF FUND MANAGEMENT COMPANY: .....
3. DATE OF VALUATION: .....

**PART C**

**PERFORMANCE ON PREVIOUS LICENSE**

1. **PENSION FUND SERVICES PROVIDED TO CORPORATE TRUSTEE**

	PENSION FUND MANAGEMENT SERVICES PROVIDED			AMOUNTS IN GH¢
NAME OF CORPORATE TRUSTEE(S)	TYPE OF SCHEME(S)	NAME OF SCHEME	NUMBER OF MEMBERS IN THE SCHEME	TOTAL VALUE OF ASSETS UNDER MANAGEMENT

2. **CONTRIBUTIONS AND INVESTMENTS**

- a. TOTAL VALUE TRANSACTIONS IN RESPECT OF PENSION FUNDS: .....
- b. COST OF INVESTMENTS: .....
- c. ESTIMATED 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: .....

FOR OFFICIAL USE

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PART E

A. RENEWAL FEE PAID: .....

B. DATE OF PAYMENT: .....

C. PAYMENT RECEIPT NUMBER.....