

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/OPSS/01/12

NATIONAL PENSIONS ACT, 2008 (ACT 766)

APPLICATION FOR REGISTRATION OF OCCUPATIONAL PENSION SCHEME AS EMPLOYER SPONSORED SCHEME

NOTES:

- (1) *All questions must be answered. If any question is not applicable, please write "N/A".*
- (2) *If boxes are provided, please tick whichever is appropriate.*

FOR OFFICIAL USE ONLY

Application No.: _____ **Date Application Received:** _____

Fee Receipt No.: _____ **Subject Officer:** _____

Date of Fee Receipt: _____ **Input Officer:** _____

Date of Letter of Acknowledgement: _____ **Verification Officer:** _____

SECTION I - THE SCHEME

1.1 Name of the Scheme : _____

1.2 Commencement Date of the Scheme:

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DD | MM | YYYY

SECTION II - THE EMPLOYER SPONSORING THE SCHEME

2.1 Name of the Employer: _____

2.2 Address (Registered Office/Principal Place of Business):

Location Address: _____

Postal Address: _____

Tel. No.: _____ *Fax No.:* _____

Email: _____

2.3 Business registration no. : _____

2.4 Tax Identification No.: _____

2.5 Employer Social Security No.: _____

SECTION III - TRUSTEES OF THE SCHEME

3.1 No. of Trustees: _____

3.2 Names of Trustees of the Scheme and Status (Member/Independent/Corporate):

	<u>NAME</u>	<u>STATUS</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

NB: Add on additional sheet(s) if the spacing here is not adequate.

SECTION IV - PENSION FUND CUSTODIAN(S) OF THE SCHEME

4.1 State the name of the Pension Fund Custodian appointed: _____

SECTION V - PENSION FUND MANAGER(S) OF THE SCHEME

5.1 State the name(s) of the Pension Fund Manager(s) appointed: _____

SECTION VI - DOCUMENTS TO BE ATTACHED TO THIS APPLICATION

- 6.1 An undertaking by the applicant to the Authority regarding compliance with Requirements and Standards for registered schemes stipulated by the Authority
- 6.2 A statement setting out the Investment Policy (including the Investment Objectives) of the Scheme in accordance with *Section 153(4)* of the Act.
- 6.3 A copy of the Governing Rules or proposed Governing Rules that are going to govern the Scheme.
- 6.4 A copy of the Trust Deed of the Scheme.
- 6.5 A copy of the Social Security Clearance Certificate
- 6.6 A copy of the Investment Management Contract
- 6.7 A copy of the Custodial Agreement

SECTION VII - 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 this application.

After the application is approved, We undertake to notify the Authority of any material changes to, or affecting the completeness or accuracy of the information provided in this Form.

Any false declarations would invalidate the application.

NAME OF TRUSTEE

DESIGNATION

SIGNATURE

DATE

- | | | | | |
|----|-------|---------------|-------|-------|
| 1. | | Member | | |
| 2. | | Member | | |
| 3. | | Member | | |

■ **Official Company Stamp:** _____

Name and details of the contact person for the Authority's enquiries in connection with this application:

Name: _____

Designation: _____

Telephone No.: _____

E-mail: _____
