

# NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/PPS/04/11

NATIONAL PENSIONS ACT, 2008 (ACT 766)

## APPLICATION FOR REGISTRATON OF GROUP PERSONAL PENSION SCHEME

(INFORMATION RELATING TO THE SPONSORING GROUP,  
AND THE ASSOCIATIONS PARTICIPATING IN THE SCHEME)

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### NOTES:

- (1) *This Form must be completed by the Sponsor of the Scheme to which this application for registration relates.*
  - (2) *All questions must be answered. If any question(s) is not applicable, please write "N/A".*
  - (3) *If boxes are provided, please tick whichever is appropriate.*
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### FOR OFFICIAL USE ONLY

Application No.: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Subject Officer: \_\_\_\_\_ Input Officer: \_\_\_\_\_

**SECTION I - THE SCHEME**

1.1 Name of the Scheme \_\_\_\_\_

\_\_\_\_\_

1.2 No. of Association(s) (including the sponsoring group) that will participate in the Scheme: \_\_\_\_\_

**SECTION II - THE GROUP SPONSORING THE SCHEME (THE PARENT ASSOCIATION)**

2.1 Name of Sponsoring Group: \_\_\_\_\_

2.2 Address (Registered Office/Principal place of business):

*Location Address:* \_\_\_\_\_

\_\_\_\_\_

*Postal Address:* \_\_\_\_\_

\_\_\_\_\_

*Tel. No.:* \_\_\_\_\_ *Fax. No.:* \_\_\_\_\_

*Email:* \_\_\_\_\_

2.3 Business registration no. (If any): \_\_\_\_\_

**SECTION III – THE ASSOCIATIONS PARTICIPATING IN THE SCHEME**

3.1 Is the sponsor of the Scheme (“Parent Association”) a registered association? Yes  No

3.2 (If the answer to 3.1 above is “Yes”); Does the Parent Association have any *affiliate* association(s)? Yes  No

3.3 (If the answer to 3.2 is “Yes”) Will the Scheme be participated in by the member(s) of the *affiliate* Association(s) as member(s)? Yes  No

3.4 (If the answer to 3.3 above is “Yes”) Please state the no. of *affiliate* associations which will participate in the Scheme and give particulars of each of the associated Association as requested in (i) - (iv) below:

(i) No. of *affiliate* Associations that will participate in the Scheme: \_\_\_\_\_

(ii) Name of the *affiliate* Association: \_\_\_\_\_  
\_\_\_\_\_

(iii) Address (Registered office/Principal place of business):  
*Location Address:* \_\_\_\_\_  
\_\_\_\_\_

*Postal Address:* \_\_\_\_\_  
\_\_\_\_\_

*Tel. No.:* \_\_\_\_\_

*Fax No.:* \_\_\_\_\_

*Email:* \_\_\_\_\_

(iv) Business registration no. (if any): \_\_\_\_\_

**NB: If there is more than one *affiliate* association, an additional sheet indicating the above information on each *affiliate* association should be attached to this Form.**

**SECTION IV - DECLARATION**

I declare that to the best of our knowledge and belief the information given in this Form is correct and complete.

I certify that the document attached to this Form is true and correct copy.

After the application is approved, I 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 the Sponsoring Group: \_\_\_\_\_
  
- Name of the Executive Secretary: \_\_\_\_\_
  
- Signature: \_\_\_\_\_
  
- Date: \_\_\_\_\_
  
  
- Official Stamp: \_\_\_\_\_

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

- Name: \_\_\_\_\_
  
  - Tel No.: \_\_\_\_\_
  
  - E-mail: \_\_\_\_\_
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