

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/PPS/02/11

NATIONAL PENSIONS ACT, 2008 (ACT 766)

APPLICATION FOR REGISTRATON OF SCHEME (TRUSTEE INFORMATION)

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.*
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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 Scheme to which the
Trustee is proposed to be appointed: _____

SECTION II - PARTICULARS OF THE TRUSTEE

2.1 Name of the Trustee: _____

SECTION III - STATUS OF THE TRUSTEE

For Trustee that is an Individual person only:

3.1 Is the Trustee an independent trustee
of the Scheme? Yes No

3.2 Is the Trustee a member/prospective
member of the Scheme? Yes No

For Trustee that is an Independent Trustee only:

3.3 Are you a director, close relative, partner or employee
of the employer or of an associate of the Employer? Yes No

3.4 Do you hold any shares of the employer or
do you hold any shares of any associate of the
Employer? Yes No

3.5 Do you have any past or present association
(financial or otherwise) with :

- a) the Employer; or
- b) any director of the employer; or
- c) any associate of the Employer or
any associate of any such controller,
that could affect the impartiality of
your independent judgment?

3.6 Are you an auditor or actuary of the Scheme? Yes No

SECTION IV - DECLARATION

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

I certify that the document attached to this Form are true and correct copies.

I undertake to notify the Authority of any matter which affects the validity of any information given in support of the application.

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 Proposed Trustee: _____

■ Signature: _____

■ Date : _____

■ Company/Organisation Stamp: _____

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

Name: _____

Tel. No.: _____

E-mail : _____
