



EMPLOYER ENROLLMENT FORM



Kindly read Explanatory Notes on page 2 before filling this form.

SCHEME INFORMATION (To be provided by Trustee) NOTE 1					
Name of Scheme			Employer Enrollmen	t No.	
1) EMPLOYER PARTICULARS					
Name of Employer					
Company Registration No.		SSNIT Employer No.		TIN	
Business Location			Mailing Address		
Email			Fixed Line (s)		
Other Business Locations			Nature of Business		
Industry Category	Financial Services Manufacturing Agricultural Educational Other:				
2) CONTACT PERSON					
Name			Position held		
Mobile No.			Email		
3) CONTRIBUTION DETAILS NOTE 2					
Number of Employees	Cont	Il Monthly tribution- % I (GH¢)		Date of Registration	
4) DIRECTOR'S DECLARATION					
I,					
FOR OFFICE USE ONLY					
Name of Corporate Trustee: Licence No.: Licence No.:					
INPUT OFFICER:					
Name: Sign: Date: OFFICIAL STAMP OF CORPORATE TRUST					
AUTHORIZING OFFICER:					
Name:	Sig	n:	Date:		



EXPLANATORY NOTES:

- 1. Scheme Information would be assigned by Trustee administering the Scheme to which the Employer is applying for participation.
- 2. Attach Contributors List indicating: (on a CD accompanied by a cover letter on the Employer's letterhead)
 - i. Name of Contributor;
 - ii. Date of Birth (in accordance with SSNIT registration details)
 - iii. Social Security No. of Contributor;
 - iv. Staff No. of Contributor
 - v. Monthly Pensionable Salary; and
 - vi. 5% Monthly Contribution.