



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 Enrollment No.	
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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	<input type="checkbox"/> Financial Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Agricultural <input type="checkbox"/> Educational Other:		

2) CONTACT PERSON

Name		Position held	
Mobile No.		Email	

3) CONTRIBUTION DETAILS ^{NOTE 2}

Number of Employees		Total 5% Monthly Contributions (GH¢)		Date of Registration	
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4) DIRECTOR'S DECLARATION

I,, director of

declare and certify that:-

- (a) the information given above is accurate and true;
- (b) we have enrolled all workers under the Scheme and have submitted workers' enrollment forms in respect of all employees of the company to the Registered approved Trustee and NPRA;
- (c) we fully understand our obligations under the Scheme;
- (d) we will comply with the relevant provisions of Act 766.



Signature: Email

Date: Phone Number:..... Designation:.....

FOR OFFICE USE ONLY

Name of Corporate Trustee: Licence No.:

INPUT OFFICER:

Name: Sign: Date:

AUTHORIZING OFFICER:

Name: Sign: 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.**