PUBLIC SECTOR DEPARTMENT/AGENCY ENROLMENT FORM

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

<table>
<thead>
<tr>
<th>SCHEME INFORMATION (To be provided by Trustee) NOTE 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Scheme</td>
</tr>
</tbody>
</table>

1) DEPARTMENT/AGENCY PARTICULARS

<table>
<thead>
<tr>
<th>Name of Ministry</th>
<th>Click here to enter text.</th>
<th>Ministry Code:</th>
<th>Click here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Institution</td>
<td>Click here to enter text.</td>
<td>Institution Code</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Business Location</td>
<td>Click here to enter text.</td>
<td>Mailing Address</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Email</td>
<td>Click here to enter text.</td>
<td>Fixed Line (s)</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Processing of Payroll</td>
<td>Controller (CAGD) ☐ In-house ☐</td>
<td>Nature of Business</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Industry Category</td>
<td>☐ Financial Services ☐ Health ☐ Agricultural ☐ Educational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Click here to enter text.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) CONTACT PERSON

<table>
<thead>
<tr>
<th>Name</th>
<th>Click here to enter text.</th>
<th>Position held</th>
<th>Click here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile No.</td>
<td>Click here to enter text.</td>
<td>Email</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

3) CONTRIBUTION DETAILS NOTE 2

| Number of Employees | Click here to enter text. | Total 5% Monthly Contributions (GH₵) | Click here to enter text. | Date of Registration | Click here to enter text. |

4) INSTITUTION’S DECLARATION

I, .............................................................., representative 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’ enrolment 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: ........................................... Chief Director ☐ Chief Executive Officer ☐

Date: .............................................

FOR OFFICE USE ONLY

Name of Scheme Administrator: ........................................................... License No.: ......................
EXPLANATORY NOTES:

1. Scheme Information would be assigned by Trustee administering the Scheme to which the Employer is applying for participation.
2. The Scheme ID shall be provided by NPRA if applicable.
3. Attach completed Contributors (Active employees) enrolment forms and an electronic list on a CD accompanied by a cover letter on the Department/Agency’s letterhead and forward them to the Scheme Administrator/Trustee indicating:

   i. Ministry Code
   ii. Name of Ministry
   iii. Institution/Agency Code
   iv. Name of Institution/Agency
   v. Staff ID
   vi. SSNO
   vii. Surname
   viii. First Name
   ix. Other Names
   x. Postal Address
   xi. Region
   xii. Home Town
   xiii. Contact number
   xiv. Date of Birth (dd/mm/yyyy)
   xv. Date Joined Scheme (dd/mm/yyyy)
   xvi. Date of Retirement (dd/mm/yyyy)
   xvii. Nationality
   xviii. Gender (F or M)
   xix. Marriage Status (M-Married, S-Single, D-Divorce)
   xx. Status (Active or Exit ed or New)
   xx. Beneficiaries (Name 1, Name 2, etc.)
   xxii. Beneficiary percentage (5%, 10%, etc.)