

\*Form Reference No.

\*Sector Code

# MICRO PENSION PLAN REGISTRATION FORM

Are you currently registered with any PFA? Yes  No

AGENT CODE



## 1. Personal Information

\*Surname

\*First Name

Middle Name

Maiden/Former Name

\*Title (Mr/Mrs/Miss/Ms)

\*Gender (M/F)

\*Marital Status

SG

\*Nationality

MD

\*\*State of Origin

DV

\*\*Local Government Area

WD

\*Date of Birth (DD-MON-YYYY)

SP

\*Place of Birth

Residential Address

\*Location: Nigeria  Abroad

House No./Name

\*\*Town/City

\*\*State

Home Address

\*\*Local Government Name

\*\*L/G Area Code

\*\*State

\*\*State Code

\*Country

\*Country Code

\*\*Zip Code

P.O. Box/PMB

Personal E-Mail Address

\* Phone Number (Country Code + Mobile Number)

Alternate Phone Number

BVN

\*NIN

## 2. Business Status

Individual

Professional

Union

Are you a member of an association? If yes, specify

## 3. Employment Record

Micro Pensions Plan

Employer Name (in full e.g. Trustfund Pensions Limited)

\*\*Employer Address

\*Location: Nigeria  Abroad

Building No./Name

Street Name

\*\* Village/Town/City

## \*Passport Photograph

Name should be boldly written at the back of the passport. Passport should be on white background

\*\*Local Government Name

\*\* L/G Area Code

\*\*State

\*\*State Code

\*Country

\*Country Code

P.O.Box/P.M.B

Employer's Phone (Country Code + Tel/Mobile Number)

\*Nature of Business

Date of current appointment

Date of first appointment

## 4. Frequency of Contribution

Daily  Weekly  Monthly  Others

Please specify (if others)

## 5. Means of Identification

CBR  NIN  INT'L PASS  PVC

DL  BVN

**6. Next of KIN's Personal Data**

\*Title (Mr/Mrs/Miss/Ms)

\*Surname

\*First Name

Middle Name

Date of Birth (DD/MM/YY)

\*Gender (M/F)

\*Relationship

NOK Correspondence Address

\*Location: Nigeria  Abroad

NOK House No./Name

NOK Street Name

\*\*NOK Village/Town/City

\*NOK Telephone Number (Country Code + Mobile Number)

NOK Alternate Telephone Number

NOK Email Address



\*\*NOK Local Government Name

\*\*NOK L/G Area Code

\*\*NOK State of Residence Name

\*\*NOK State Code

\*NOK Country of Residence Name

\*NOK Country Code

\*\*NOK ZIP Code

NOK P.O.BOX/P.M.B

\*\*Signature/Date

\*Form Reference No.

**\*CUSTOMER AUTHORIZATION FOR ACCESS TO NATIONAL IDENTITY NUMBER (NIN) INFORMATION**

I hereby certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected.

Name: -----

Address: -----

Signature: -----

Date: -----

**CHECK LIST**

Please attach copies of the following:

1. Evidence of membership in a registered association or trade union or Certificate of Business Registration, in the case of self-employed persons; and/or
2. Any of the following means of identification - National Identity Card, International Passport, Driver's License or Permanent Voters Card.

CERTIFIED BY: -----

DATE: -----

DESIGNATION: -----

SIGNATURE: -----