

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/OPSM/01/12

NATIONAL PENSIONS ACT, 2008 (ACT 766)

APPLICATION FOR REGISTRATION OF OCCUPATIONAL PENSION SCHEME AS MASTER TRUST SCHEME

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: _____

Fee Receipt No.: _____ Subject Officer: _____

Date of Fee Receipt: _____ Input Officer: _____

Date of Letter of
Acknowledgement: _____ Verification Officer: _____

SECTION I - THE SCHEME

1.1 Name of the Scheme : _____

1.2 Commencement Date of the Scheme:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

DD | MM | YYYY

SECTION II - THE EMPLOYERS SPONSORING THE SCHEME

2.1 Names of Employers: _____

For each Employer provide the following details:

2.2 Address (Registered Office/Principal Place of Business):

Location Address: _____

Postal Address: _____

Tel. No.: _____ *Fax. No.:* _____

Email: _____

2.3 Business registration no.: _____

2.4 Tax Identification No.: _____

2.5 Employer Social Security No.: _____