

PENSIONS ALLIANCE TRUST LIMITED

EMPLOYER ENROLMENT FORM



INSTRUCTIONS:

PLEASE FILL IN **BLOCK LETTERS** AND RETURN A HARD COPY TO PENSIONS ALLIANCE TRUST OFFICE, 55A KAKRAMADU LINK, EAST CANTONMENTS, OR A SCANNED COPY TO GSBA@PENSIONSALLIANCETRUST.COM ALONG WITH AN APPOINTMENT LETTER. CONTACT US ON +233 30 279 8652 / +233 55 659 0401 / +233 28 899 5531 FOR ANY ENQUIRIES.

1. SCHEME TYPE		
INDICATE SCHEME(S) YOU WISH TO JOIN [TICK BOX]		
<input type="checkbox"/> TIER 2 (PENSIONS ALLIANCE TRUST FUND) MANDATORY 5% CONTRIBUTION OF BASIC SALARY.	<input type="checkbox"/> TIER 3 (PENSIONS ALLIANCE FUND) VOLUNTARY PRE-TAX PROVIDENT FUND. MAXIMUM CONTRIBUTION OF 16.5% OF BASIC SALARY.	
<input type="checkbox"/> GROUP PERSONAL PENSIONS SCHEME VOLUNTARY POST-TAX TIER 3 CONTRIBUTIONS OF AN ORGANISATION.	<input type="checkbox"/> ENIDASO INFORMAL SECTOR - GROUP RETIREMENT AND SAVINGS CONTRIBUTIONS TO THE INFORMAL SECTOR SCHEME FOR AN ORGANISATION.	
2. COMPANY DETAILS		
NAME OF COMPANY		
COMPANY REGISTRATION NUMBER	SSNIT ENROLMENT NUMBER	TIN NUMBER
INDUSTRY CATEGORY [TICK APPLICABLE]		
<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> MEDIA	<input type="checkbox"/> EDUCATION
<input type="checkbox"/> HEALTH	<input type="checkbox"/> NON-GOVERNMENTAL AGENCY	<input type="checkbox"/> MANUFACTURING
<input type="checkbox"/> MINING	<input type="checkbox"/> PETROLEUM	<input type="checkbox"/> BANKING
<input type="checkbox"/> HOSPITALITY	<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> INFORMATION TECHNOLOGY
<input type="checkbox"/> OTHER (PLEASE INDICATE) _____		
HEAD OFFICE LOCATION	HEAD OFFICE CONTACT NUMBER	HEAD OFFICE E-MAIL ADDRESS
3. CONTACT PERSON		
NAME	CONTACT NUMBER	E-MAIL ADDRESS
4. CONTRIBUTION DETAILS		
NUMBER OF TIER 2 CONTRIBUTORS	TOTAL MONTHLY GROSS SALARY (GHC)	TOTAL MONTHLY 5% CONTRIBUTION (GHC)
NUMBER OF TIER 3 CONTRIBUTORS	TIER 3 EMPLOYEE CONTRIBUTION (%) IGNORE IF NOT APPLICABLE	TIER 3 EMPLOYER CONTRIBUTION (%) IGNORE IF NOT APPLICABLE
5. COMPANY'S DECLARATION		
WE HEREBY DECLARE THAT:		
i.) THE INFORMATION GIVEN ABOVE IS ACCURATE AND TRUE.		
ii.) WE UNDERSTAND OUR OBLIGATIONS AND WILL FULLY COMPLY WITH THE RELEVANT PROVISIONS OF ACT 766 AND WE AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE PENSIONS ALLIANCE TRUST FUND AND/OR PENSIONS ALLIANCE FUND AND THE GOVERNING RULES AS MAY BE AMENDED BY THE TRUSTEE, PENSIONS ALLIANCE TRUST, AT ANYTIME WITHOUT PRIOR NOTICE.		
iii.) WE HAVE ENROLLED ALL EMPLOYEES UNTO THE SCHEME AND PLEDGE TO ENSURE THAT ALL CURRENT AND FUTURE EMPLOYEES COMPLETE THE REQUIRED MEMBER ENROLMENT FORMS AND SUBMIT SAME TO PENSIONS ALLIANCE TRUST.		
NAME OF REPRESENTATIVE	DESIGNATION	COMPANY OFFICIAL STAMP
SIGNATURE	DATE [DD/MM/YYYY]	
6. FOR PENSIONS ALLIANCE TRUST USE ONLY		
ENROLMENT OFFICER NAME & SIGNATURE	DATA ENTRY OFFICER NAME & SIGNATURE	