



**NATIONAL PENSIONS ACT, 2008 (ACT 766)**

**KIMPTON OCCUPATIONAL / PROVIDENT FUND MASTER TRUST SCHEME**

**EMPLOYEE ENROLLMENT FORM**

**1) EMPLOYEE DETAILS**

(a) Name of Employee: .....

(b) Date of Birth: ..... Sex: .....

(c) Nationality: .....

(d) Home Town: ..... Region: .....

(e) Residential Address: .....

(f) Postal Address: .....

(g) Telephone: ..... E-mail: .....

(h) SSNIT No. : .....

(i) Current Employer/Company/Institution: .....

(j) Position In Company/Institution: .....

(k) Staff I.D.....

**2) EDUCATION DETAILS**

(a) Highest Level of Education: .....

(b) Institution: .....

(c) Year Of Commence: ..... Year Of Completion: .....

(d) Qualification: .....

**3) CONTRIBUTION DETAILS**

(a) Basic Salary at Registration: .....

(b) Date Of Joining Scheme: .....

**4) BENEFICIARY NOMINATION – TIER 2**

Name of Beneficiary	Date of Birth	Contact	Relationship	%

**5) BENEFICIARY NOMINATION – PROVIDENT FUND**

Name of Beneficiary	Date of Birth	Contact	Relationship	%

I nominate the above beneficiary (s) to receive the lump sum payable under the conditions of the next of kin in the event of my death or absence. In the event of the above beneficiary (s) not being alive at my death, I request the said lump sum to be payable to my legal personal representative.

I understand that I may cancel this nomination and nominate new beneficiaries at any time in writing.

**6) EMPLOYEE’S DECLARATION**

I, ..... of .....  
 declare and certify that:-

- (a) the information given above is accurate and true;
- (b) that I have enrolled onto the Kimpton Master Trust Scheme of the company to the Registered approved Trustee (Kimpton Trust Ltd) and NPRA;
- (c) that I fully know and understand my rights under the Scheme;
- (d) I will comply with the relevant provisions of Act 766.

Dated the .....day of ....., 20.....

**Signature of Employee**

**Signature and Seal of Corporate Trustee representative .....**