

# OCCUPATIONAL MASTER TRUST SCHEME ENROLLMENT FORM

COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK



## EMPLOYER DETAILS

Name of Employer:	<input type="text"/>										
Business Location:	<input type="text"/> <input type="text"/>										
Telephone:	(1) <input type="text"/> (2) <input type="text"/>										
Email:	<input type="text"/>										
Tax Identification No. (TIN):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
Nature of Business:	<input type="text"/>										
Industry Category:	<input type="text"/>										
Other Business Location:	<input type="text"/> <input type="text"/>										
Contact Person:	<table><tr><td>Name:</td><td><input type="text"/></td></tr><tr><td>Position:</td><td><input type="text"/></td></tr><tr><td>Address:</td><td><input type="text"/></td></tr><tr><td>Cell No.:</td><td><input type="text"/></td></tr><tr><td>Email:</td><td><input type="text"/></td></tr></table>	Name:	<input type="text"/>	Position:	<input type="text"/>	Address:	<input type="text"/>	Cell No.:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>										
Position:	<input type="text"/>										
Address:	<input type="text"/>										
Cell No.:	<input type="text"/>										
Email:	<input type="text"/>										

## CONTRIBUTION DETAILS

Number of Contributors:	<input type="text"/>
Total 5% Contribution at Registration:	<input type="text"/>
Registration Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(Please attach contribution list indicating names, Contributors Enrollment Number, Staff number, Monthly Basic Salary and 5% Monthly Deduction in an excel format with a cover letter)

## EMPLOYER DECLARATION

We/I	<input type="text"/>
of	<input type="text"/>

declare and certify that:

- a)The information given above is accurate and true;
- b)That we/I have enrolled all workers under the scheme and have submitted worker's enrollment forms in respect of all employees of the company to the Registered approved Trustee and NPRA;
- c)That we/I fully understand my obligations under the Scheme;
- d)We/I will comply with the relevant provision of Act 766.

Dated:

D	D	M	M	Y	Y	Y	Y
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Signature and Seal of Employer or his authorized Agent

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Name of Corporate Trustee:

KIMPTON TRUST LIMITED
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Date:

D	D	M	M	Y	Y	Y	Y
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Signature and Seal of Corporate Trustee Representative

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**KIMPTON MASTER TRUST SCHEME**

Registered Address: Kimpton Trust Limited  
No. 1 Lagos Avenue  
East Legon (Near KFC)



# EMPLOYER APPLICATION & AGREEMENT FORM

## 1. PREAMBLE

- 1.1 To the Trustee of the KIMPTON MASTER PROVIDENT FUND (“the Fund)
- 1.2 ..... (“The Employer”) hereby makes application to become a Participating Employer of the KIMPTON MASTER PROVIDENT FUND in accordance with the National Pensions Regulatory Authority (NPRA), the Rules of Fund and any ancillary benefit arrangements.
- 1.3 Kimpton Trust Limited (Kimpton Trust) is a licensed Corporate Trustee registered under the National Pension Act, Act 766 and shall act as the sponsor of the Fund.

## 2. AGREEMENT

- 2.1 The Trustee and the Participating Employer agree to abide by the Scheme Rules of the Fund which shall govern the operations of the Fund at all times.
- 2.2 Where transfers from a previous Fund to the KIMPTON MASTER PROVIDENT FUND are required, the Employer must ensure that the Rules of the previous Fund all for transfers to the Fund.
- 2.3 The Employer will submit a list of member who will be registered to join the KIMPTON MASTER PROVIDENT FUND, including all relevant data required by Kimpton Trust, the Administrators of the Fund.
- 2.4 Contributions will be paid monthly, and or later than 14 days after the end of the month for which they are due in accordance with the National Pensions Act, Act 766 (2008).
- 2.5 The Employer shall keep records of contribution deductions from workers' salaries as well as contribution payment confirmation which will be forwarded to the Administrator of the Fund by no than 14 days after the end of the month for which contributions are due in accordance with the National Pensions Act.
- 2.6 The Rules of the Fund a shall be read in conjunction with this Employer Application and Agreement Form and shall apply to the Eligible Employees of the Employer with effect from the Participation Date.
- 2.7 The Employer agrees that changes to any employee particulars shall be made known to the Fund within 14 days of the ensuring month. Such changes include registrations, terminations or others etc.
- 2.8 The Employer shall complete the particulars of each employee as requires in Appendix 1.
- 2.9 The Board of Trustees has agreed that they will comply with the Regulations of the Fund, the NPRA, the ACT 766 and the Statement of Investment Policy at all times.

## 3. NON-DISCOSURE

- 3.1 Each Party agrees not to disclose or otherwise reveal to any third Party or any Proprietary information without the specific written permission of the other Party.
- 3.2 This Proprietary information may include, business plans, data reports, salary data, methods of doing business, studies, findings and ideas, but is not limited to these items.

## 4. PARTIES BOUND

- 4.1 This Agreement shall be binding upon the undersigned Parties and their heirs and successors.
- 4.2 Each Party shall take reasonable steps to ensure that their Employees, Trustees, Principals abide by the provision of this Agreement.

**5. AMENDMENTS**

5.1 Any change or amendment to this Agreement, including oral modification supported by new consideration, must be reduced to writing and signed by all Parties before it will be effective.

**6. TERMINATION**

6.1 Either of the Parties shall be entitled to terminate this Agreement provided that the terminating party gives a minimum of ninety (90) days' prior written notice (or such other period as may be prescribed by NPRA).

6.2 The Employer hereby acknowledges that termination shall be based on non-performance or just cause which has been presented at a meeting to the Board of Trustees. The Parties acknowledge that this procedure is necessary in order to protect the interests of the Member of the Fund.

**7. DISPUTE RESOLUTION**

7.1 The Parties will attempt to settle any claim or dispute that may arise among them amicably, with specific reference to the subject-matter of this Agreement. In the event that any claim or dispute cannot be resolved amicably within ninety (90) calendar days of the date that the claim or dispute arose then the matter shall be referred to the Pensions Adjudication Committee at the National Pensions Regulatory Authority (NPRA) for settlement.

**8. FORCE AND EFFECT OF DOCUMENTS**

8.1 The agreement comes into effect from the date of signing of this agreement and shall bind the parties hereto.

Signed

Date:

DDMMYYYY

Name:  
For and on behalf of

Name & Signature of Witness

And duly authorized thereto

Name:  
For and on behalf of  
KIMPTON MASTER PROVIDENT FUND  
And duly authorized thereto

Name & Signature of Witness

# MASTER TRUST SCHEME EMPLOYER PARTICIPATING FORM

COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK



## EMPLOYER INFORMATION

Registered name of Participating Employer:	<input type="text"/>									
Company Registration Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
Employer Social Security Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
Employer Tax Registration Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
Residential Address:	<input type="text"/>									
Postal Address:	<input type="text"/>									
Telephone No.:	<input type="text" value="(1)"/>	<input type="text" value="(2)"/>								
Fax No.:	<input type="text" value="(1)"/>	<input type="text" value="(2)"/>								
Email address:	<input type="text"/>									
Employer Contact Person	<table><tr><td>Name:</td><td><input type="text"/></td></tr><tr><td>Position:</td><td><input type="text"/></td></tr><tr><td>Cell No.:</td><td><input type="text"/></td></tr><tr><td>Email:</td><td><input type="text"/></td></tr></table>		Name:	<input type="text"/>	Position:	<input type="text"/>	Cell No.:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>									
Position:	<input type="text"/>									
Cell No.:	<input type="text"/>									
Email:	<input type="text"/>									

## SCHEME INFORMATION

1. Scheme Type:	<input type="text"/>
2. Membership (Total number of Employees Joining)	<input type="text"/>
3. Normal retirement date:	The end of the month that a member attains the age of 60 years, being the current statutory retirement age.
4. Eligibility	All full time permanent/temporary employees from 15 years up to 45years of age
5. Approved Trustee Fee:	2.5% of Net Asset Value (NAV) per annum
6. Contribution Rates:	Members 5.00% (current statutory rate)

### OFFICIAL STAMP OF EMPLOYER

<input type="text"/>	Name:	<input type="text"/>
	Position:	<input type="text"/>
	Signature:	<input type="text"/>

Administration & Enquiries: Negotiated

Kimpton Trust Limited:

Residential Address: Hse No. 1Lagos Street, East Legon- Accra, Ghana.

Postal Address: P.O. Box AN 6322, Accra North

Tel: +233 (0) 307 037852 / +233 (0) 262444160

Email: info@kimptontrust.com

Website: www.kimptontrust.com

#### **ANNEXURE 1**

##### **INITIAL MEMBERSHIP**

Please supply Kimpton Trust Limited with the list of members joining the scheme in the first month, covering the data fields within an excel template which will be sent to you:

1. SSNIT Number
2. Employee Number
3. First Name
4. Middle Names
5. Last Name
6. Gender
7. Date of Birth
8. Date Employed
9. 5% Tier 2 Contributions
10. Annual / Monthly Basic Salary
11. ID Number
12. ID Type