## PENSIONS ALLIANCE TRUST LIMITED

CONTRIBUTOR BIO-DATA FORM

Ref: CBF/2023/02/001



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 A COPY OF YOUR GHANA CARD.

UPDATE:

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NEW:

ALL SECTIONS WITH AN ASTERISK ARE MANDATORY INFORMATION AND THE FORM WILL BE CONSIDERED INCOMPLETE AND VOID IF ANY OF THESE SECTIONS ARE NOT COMPLETED. CONTACT US ON +233 30 279 8652 / +233 50 155 3839 / +233 50 924 4641 FOR ANY ENQUIRIES.

DATE OF BIRTH [DD/MM/YYYY] * SS		SSNIT NUMBER *		PERSONAL ID NUMBER [GHANA CARD ONLY] *						
1. SCHEME TYPE     INDICATE SCHEME(S) YOU WISH TO JOIN     TIER 2 (PENSIONS ALLIANCE TRUST FUND)     TIER 3 (PENSIONS ALLIANCE FUND)     INDIVIDUAL TIER 2										
INDIVIDUAL TIER 2 CONTR		PERSONAL PENSIONS CONTRIBUTOR			BUTORS ON	S ONLY* MONTHLY ANNUAL				
INDICATE MONTHLY SALARY [GHC]:					INDICATE AMOUNT [GHC]:					
2. MEMBER'S DETAILS										
FIRST NAME * MI		MIDDLE NAME(	IDDLE NAME(S)				SURNAME *			
PREVIOUS NAME [PLEASE ATTACH GAZETTE]										
EMPLOYER *						STAFF ID *				
GENDER	MARITAL STATUS * CO		OUNTRY OF BIRTH*				HOMETOWN [CITY/TOWN AND REGION]*			
PERMANENT RESIDENTIAL ADDRESS [GPS CODE AND LOCATION] * POST OFFICE ADDRESS *										
MOBILE NUMBER (S) *				E-MAIL ADDRESS *						
PREVIOUS EMPLOYER (S)										
3. NEXT-OF-KIN [EMERGENCY CONTACT PERSON – MUST BE ABOVE 18 YEARS]										
NAME *		RELATIONSHIP TO CONTRIBUTOR			BUTOR *	CONTACT NUMBER *				
4. BENEFICIARY NOMINATION [PRINT THIS PAGE AS MANY TIMES AS NEEDED, % ALLOCATION SHOULD SUM TO 100%]										
NAME *		[DD/MM/	YYYY] *	KELATIONSHI	P TO CONTRIB	UIUR *	CONTACT N	UMBER *	ALLOCATION	V *

5. DECLARATION							
I HEREBY DECLARE THAT:							
i.) THE FACTS HEREIN STATED ARE ACCURATE AND TRUE							
ii.) PENSIONS ALLIANCE TRUST LIMITED WILL NOT BE HELD LIABLE FOR THE USAGE OF THE INFORMATION PROVIDED ON THIS FORM FOR ITS							
INTENDED PURPOSE							
SIGNATURE *	DATE [DD/MM/YYYY] *						
6. EMPLOYER ENDORSEMENT* [NOT APPLICABLE FOR INDIVIDUAL CONTRIBUTORS]							
WE HEREBY DECLARE THAT THE INFORMATION INCLUDED BY THE CONTRIBUTOR AS AT THE DATE OF SUBMISSION IS TRUE AND ACCURATE AND THAT IF THE INFORMATION							
SHOULD CHANGE AT ANY TIME, WE WILL NOTIFY THE TRUSTEE, PENSIONS ALLIANCE TRUST, PROMPTLY.							
NAME OF REPRESENTATIVE							
DESIGNATION OF REPRESENTATIVE							
	EMPLOYER STAMP						
SIGNATURE AND DATE							
7. FOR PENSIONS ALLIANCE TRUST USE ONLY							
DATE RECEIVED [DD/MM/YYYY]	RECEIVING OFFICER NAME AND SIGNATURE						
DATE ENTERED [DD/MM/YYYY]	ENTRY OFFICER NAME AND SIGNATURE						

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