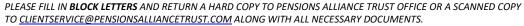
PENSIONS ALLIANCE TRUST LIMITED

PENADOPT MEMBER INFORMATION FORM

INSTRUCTIONS:





TYPE OF ACCOUN	T KIDDY ACCOUNT	HERITAGE ACCOUNT				
SPONSOR'S NAME						
	DATE OF BIRTH [DD/MM	/YYYY] PERMA	NENT ADDRESS	GENDER		
SPONSOR'S DETAI	E-MAIL ADDRESS	MOBIL	E NUMBER	LANDLINE		
	PERSONAL ID NUMBER NATIONAL IDENTITY CARD	DATEC	OF CARD ISSUANCE [DD/MM/YYY}	DATE OF CARD EXPIRY [DD/MM/YYY]		
BENEFICIARY'S NA	ME					
	DATE OF BIRTH [DD/MM	/YYYY] RESIDE	NTIAL ADDRESS	GENDER		
BENEFICIARY PERS DETAILS	NATIONALITY	RELATI	ONSHIP TO GRANTOR	RESIDENTIAL ADDRESS		
	BANK DEPOSIT	BANK DEPOSIT STANDING ORDER DIRECT DEBIT				
CONTRIBUTION DI	INDICATE MODE OF CON	MONTHLY QUARTERLY ONE-TIME LUMP SUM OTHER				
	FULL NAME					
NEXT OF KIN						
	PERMANENT ADDRESS			CONTACT		
DECLARATION:						
DECLARE AND CERTIFY	THAT:-					
THE FACTS HEREIN STATED ARE ACCURATE AND TRUE;						
•	PENSIONS ALLIANCE TRUST LIMITED WILL NOT BE HELD LIABLE FOR THE USAGE OF THE INFORMATION PROVIDED ON THIS FORM FOR ITS INTENDED PURPOSE.					
	/vv1·	GRANTOR SI	CNIATUDE.			

FOR PENSIONS ALLIANCE TRUST	DATE RECEIVED	DATE ENTERED
	RECEIVING OFFICER NAME AND SIGNATURE	ENTRY OFFICER NAME AND SIGNATURE