



FIRST MERIT PERSONAL PENSION SCHEME (TIER-3) EMPLOYER ENROLLMENT FORM



NOTE: ALL INFORMATION SHOULD BE WRITTEN LEGIBLY AND BOLDLY IN CAPITAL LETTER
Head Office, Dzorwulu Efua Sutherland road, Accra Tel: 0303972 082 / 0501619880
Email: info@firstmerittrust.com Website: www.firstmerittrust.com

1) EMPLOYER DETAILS

- (a) Name of Employer:
- (b) Business Location:
- (c) Business Address:
- (d) Telephone: E-mail:
- (e) Tax Identification No. (TIN):
- (f) Nature of Business: Industry Category:
- (g) Other Business Locations:
- (h) Contact Person
 - Name of Contact Person:
 - Position in Company:
 - Address of Contact Person:
 - Telephone: E-mail:

2) CONTRIBUTION DETAILS

- (a) Number of Contributors: []
- (b) Total Monthly Contributions at registration:
 - Employer Portion:% of basic salary []
 - Employee Portion:% of basic salary []
- (c) Registration Date:

(Attach Contributors List indicating names, Scheme Enrollment Number (SEN), Staff Number, Monthly Basic Salary and Employer Monthly Contribution, Employer Monthly Contribution and Total Monthly Contributions)

3) EMPLOYER'S DECLARATION

We/I..... of 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 workers' enrollment forms in respect 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 provisions of Act 766.

Dated the day of, 20.....

Name of Corporate Trustee: FIRST MERIT TRUST LIMITED.

Date:

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Signature and Seal of Employer or his authorized agent