

## FUND PORTING FORM

Please complete this form in BLOCK LETTERS. Kindly send a copy of this form to [customerservice@gentrustgh.com](mailto:customerservice@gentrustgh.com) or deliver a hard copy to the GENTRUST office at #141/21 Saflo Link, Abelemkpe, and Accra

### MEMBER'S DETAILS

Member's Full Name	
Name of Previous Employer	
Name of Current Employer	
SSNIT Number	
ID Type: <input style="width: 250px;" type="text"/>	ID Number: <input style="width: 250px;" type="text"/>
Date of Last Contribution	
Last Day of Employment	
Reason for Leaving Employment	
Full Postal/Email Address	
Contact Number	

### HR/ADMIN MANAGER VERIFICATION

Date Of Joining Scheme	
Employer's Scheme Code	
Last Day Of Employment	
Date Of Last Contribution	

\_\_\_\_\_

HR/Admin Manager's Signature

\_\_\_\_\_

Date

### NEW TRUSTEE DETAILS

Name of Client's New Trustee	
New Scheme Account Name:	
Bank (Custodian):	
New Scheme Account Number:	
Branch:	
Contact Person - phone # & Email address	

(To be signed by member)

I ..... certify that the above contributions have been included in the regular monthly remittances. I further certify that the above information is correct.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date