



**NATIONAL PENSIONS ACT, 2008 (ACT 766)**

**GENTRUST MASTER PROVIDENT FUND  
EMPLOYER ENROLLMENT FORM**

**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 Location \_\_\_\_\_
- (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 5% Contribution at Registration: [             ] \_\_\_\_\_
- (c) Registration Date: \_\_\_\_\_

(Attach Contributions List Indicating Names, Contributors Enrollment Number (CEN), Staff Number, Monthly Basic Salary and 5% Monthly Contribution on a CD with a cover Letter)

**3) EMPLOYER 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 worker's enrollment forms in respect all employees of the company to the Registered approved Trustees 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.....

.....  
Signature and Seal of Employer or his authorized agent

Name of Corporate Trustee: GENERAL TRUST COMPANY LIMITED Date: \_\_\_\_\_

.....  
Signature and Seal of Corporate Trustee representative