



NATIONAL PENSIONS ACT, 2008 (ACT 766)

Form: NPRA/MTOPS/ERF/2012

**UGS MASTER PENSION 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..... Ofdeclare 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.....

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Signature and Seal of Employer or his authorized agent

Name of Corporate Trustee: GENERAL TRUST COMPANY LIMITED Date: _____

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Signature and Seal of Corporate Trustee representative