

1.1 Name of the Scheme : **GENTRUST MASTER PROVIDENT FUND**

1.2 Commencement Date of the Scheme:

D D		M M		Y Y Y Y			

2.1 Name of Employer: _____

2.2 Address (Registered Office/Principal Place of Business):

Location Address: _____

Postal Address: _____

Phone #: _____

Fax #: _____

Email: _____

2.3 Business Registration No.: _____

2.4 Tax Identification No.: _____

2.5 Employer Social Security No.: _____

