



STRENGTH, RELIABILITY AND SECURITY

DAAKYE OCCUPATIONAL PENSION SCHEME (TIER 2) MEMBERSHIP ENROLLMENT FORM

NOTE: ALL INFORMATION SHOULD BE WRITTEN LEGIBLY AND BOLDLY IN CAPITAL LETTERS

PASSPORT PHOTO

CONTRIBUTER'S NUMBER						
CONTRIBUTOR'S NAME Surname		First Name		Other Name(s)		
DATE OF BIRTH (DD/MM/YYY) SEX (Please tick)			NATIONALITY		ID TYPE / NUMBER:	
CONTACT DETAILS POST	AL ADDRESS:			MOBILE PHONE NO:		E-MAIL ADDRESS:
MONTHLY CONTRIBUTION (GHC)			CONTRIBUTION SSNIT NO		SSNIT NO:	
EMPLOYER'S NAME			EMPLOYER'S ADDRESS			

BENEFICIARY(S) NOMINATION

NO.	NAME OF BENEFICIARY(S)	DATE OF BIRTH	RELATIONSHIP	PERMANENT ADDRESS / CONTAC	г (%)
				TOTAL	100%

TOTAL

FINGER PRINTS				
LEFT THUMB PRINT	RIGHT THUMB PRINT			

DECLARATION BY CONTRIBUTOR

I declare and certify that:

1. I am not a member of any other similar scheme

2. The fact herein stated are accurate and true

3. I am duly informed and to my full understanding that, I will be liable to prosecution for any false declaration for any false declaration herein or hereafter made to the scheme

SIGNATURE:

DATED:

FOR OFFICIAL USE ONLY

I Certify that this form was filled in my presence by the above contributor.

NAME OF ENROLLMENT OFFICER

SIGNATURE

Head Office: Achimota, ABC Junction, 3rd floor Vodafone Building Tel: 0302408444/0505257466/0573840592 Website: www.daakyetrust.com

Branches: Tema, Kumasi, Koforidua, Agona Swedru, Nkawkaw, Techiman