



**DAAKYE OCCUPATIONAL PENSION SCHEME (TIER 2)
MEMBERSHIP ENROLLMENT FORM**

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



CONTRIBUTOR'S NUMBER

CONTRIBUTOR'S NAME		Surname	First Name	Other Name(s)
DATE OF BIRTH (DD/MM/YYYY)	SEX (Please tick)	NATIONALITY		ID TYPE / NUMBER:
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F			
CONTACT DETAILS	POSTAL ADDRESS:	MOBILE PHONE NO:	E-MAIL ADDRESS:	
MONTHLY CONTRIBUTION (GHC)	CONTRIBUTION	SSNIT NO:		
EMPLOYER'S NAME	EMPLOYER'S ADDRESS			

BENEFICIARY(S) NOMINATION

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

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