



NATIONAL PENSION ACT, 2008 (ACT 766) DAAKYE PENSION SCHEME (TIER 3 INFORMAL SECTOR) CONTRIBUTOR ENROLLMENT FORM

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



CONTRIBUTOR ACCOUNT NUMBER

ACCOUNT TYPE : SILVER GOLD PLATINUM

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

BENEFICIARY(S) NOMINATION

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

NATIONAL HEALTH INSURANCE (NHIS) LIFE INSURANCE

FINGER PRINTS	
LEFT THUMB PRINT	RIGHT THUMB PRINT

CONTRIBUTOR'S DECLARATION

I declare and certify that the facts herein stated are accurate and true.

DATED:

SIGNATURE:

DECLARATION BY ENROLLMENT OFFICER

I certify that this contributor Enrollment Form was completed in my presence and under my supervision

.....
NAME OF ENROLLMENT OFFICER

.....
SIGNATURE/DATE