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Form ID

NLPC PENSION FUND ADMINISTRATORS LTD 312A, Ikorodu Road, Anthony, Lagos. 4978534, 7610811-3, Website: www.nlpcpfa.com, Email: info@nlp

RETIREMENT SAVINGS ACCOUNT (RSA) REGISTRATION FORM A. Personal Data Surname* First Name* First Name* Middle Name Maiden Name Maid				
A. Felsofial Data Surnaine* First Name* Middle Name Maiden Name Ma				
First Name* Middle Name Maiden Name Title Marital Status (M/S/D/W)* Sex (M/F)* Date of Birth (DD/MM/YY)* State of Origin* L.G.A* Home Phone No: SSM No: E-Mail Address Residential Address (Not P.O.Box)* Residential Address (Not P.O.Box)* Staff Identity No* Office Address (Not P.O.Box)*				
Middle Name Maiden Name M				
Middle Name Maiden Name M				
Title Marital Status (M/S/D/W)* Sex (M/F)* Date of Birth (DD/MM/YY)* State of Origin* L.G.A* Home Phone No: E-Mail Address Residential Address (Not P.O.Box)* B. Employment Record Employer Code Company RC No. Staff Identity No* Office Address (Not P.O.Box)*				
Title Marital Status (M/S/D/W)* Sex (M/F)* Date of Birth (DD/MM/YY)* State of Origin* L.G.A* Home Phone No: E-Mail Address Residential Address (Not P.O.Box)* B. Employment Record Employer Code Company RC No. Staff Identity No* Office Address (Not P.O.Box)*				
B. Employment Record Employer Code Company RC No. Staff Identity No* Name of Organisation* Office Address (Not P.O.Box)*				
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Office Address (Not P.O.Box)*				
Office Address (Not P.O.Box)*				
Postal Address*				
Office E-Mail Address				
Office Phone No: Date of Employment (DD/MM/YY)* Date Joined PFA (DD/MM/YY)*				
Lob title/Decignation				
Job title/Designation Category				
Paypoint Branch or Location of posting*				
9199274764				

	Form ID					
Public Sector Salary Scale(e.g HATISS) GL Step State of Posting*						
Date of First Employment (DD/MM/YY)* (see reverse for code) Date of Confirmation (DD/MM/YY)*						
Date of First Employment (DD/MM/YY)* (see reverse for code) Date of Confirm						
C. Remuneration						
Annual Basic Salary Annual Transport Allo	wance					
N						
Annual Housing Allowance						
N	.					
D. Monthly Pension Contribution						
Employer Contribution Employee Contribution						
N						
<u>Contribution Rates:</u> <u>Stateme</u>	ent of Account Information:					
Employer	o receive your quarterly Statement of Account*:					
Home Office	□ Post □ E-mail □ SMS					
E. Next of Kin Surname*						
First Name*						
Middle Name						
Title Sex* Date of Birth (DD/MM/YY) Relationship*						
E-Mail Address						
Residential Address*						
Residential Address*						
Town/City* State (see code) Phone No:						
F. Certification I hereby certify that the information provided above are true and correct to the						
best of my knowledge.						
Date Signed (DD/MM/YY)*						
	Please affix					
	with glue only.					
Signatura						
Signature Left Thumb print	Right Thumb print Passport Photo					
FOR OFFICIAL USE ONLY						
PFA Code Agent Code						
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