

## RETIREMENT SAVINGS ACCOUNT (RSA) REGISTRATION FORM

Please fill clearly and use Capital Letters only
\* Mandatory Field, \*\* Conditional Mandatory Field

Please affix a recent coloured passport photograph taken against a white background. Ensure your Name is boldly written at the back of the affixed passport photograph

1383294819

* Form Reference N	er	3	1	С	R										**	Tem	npora	ıry P	IN												T													
* Registration Type: (Please tick as applicable)																						Pension Non-Interest TP IN Regularisation											n											
1. Personal Data																																												
*Title (Mr, Mrs, Miss, Ms)						*	Surn	ame																																				
*First Name																										te of D/MN					/			/										
Midd <b>l</b> e Name																									*Gei	nder		М	[	F	:													
Maiden Name/ Former Name																									* Ma	arital	Statı	ıs N	ND [		SG		DV		W	D 🗆								
* Place of Birth										T									**8	**State of Origin							**L.0	A.E				]												
* Nationality																			*Phone Number				F									_												
L * N <b>I</b> N (National Identity Numb				mber)						T							Ì		Alternate Phone Number							1						T	T											
BVN (Bank Verification Number)										T									' ''	OHC I	vuiii	DCI		(Country Code + Tele/Mobile Numbe																				
Personal Email Address																																												
Residential Address																																												
House No./Name																				,	"Zip	Cod	e	** LGA Code																				
Street Name																												tate sider																
**Village/Town/City																												ount sider																
P.O.Box.P.M.B																											* Lo	ocati	Abroa	ad (A	۱) [													
Bank Details ( For Micro Pension Only)																																												
Bank Name																	Aco	count	Num	ber																								
Account Name																																												
2. Employment Re																																												
1. Public Sector Er	nplo	yees	[Fe	dera	al (PU	J)/ S	tate	(ST)	] 2.	Priva	te Se	ector	Em	ploy	ees	(PR)	3. Mi	icro F	Pens	ion F	lan	(MP)	4. C	ross	Boa	rder	Em	ploy	ees	(CP)														
* Emp <b>l</b> oyer Type			*	ls yo	our Er	mp <b>l</b> o	yer u	ınder	IPP	IS?			] Ye	S		No																												
* Nature of Business																																												
** Full Name of Emp <b>l</b> oyer																																												
Employer Code:													F	RC N	lo:										Employer ID																			
Employer's Addre	ss_																																_											
Building No./Name																											** L	ocati	on N	Niger	ia (N	l) 🗌	/	Abroa	ad (A	ı) 🗌								
Street Name																											** S	tate	Code	е														
** Village/Town/ City																											* Country Code																	
Employer's Email Address																											**Zi <sub>l</sub>	о Со	de															
Employer's Phone																	Curr				/			/			** L0	GA (	Code	)														
** Date of First			/			1				Desig Rank		on/													**Da	te of	Trar	sfer			1			1										
P.O.Box/P.M.B																																												

Page 1

3. Nex	ct of	f Kir	1 (N	OK	) De	tail	s																																_	
*Title (Mr, Mrs, Miss	. Ms	)					*8	Surn	name																															
*First Name											T							T									Date							1	Ī	Ī	1		T	
Middle Name																										*	Mari	ta <b>l</b> S	Status	6	MD		5	SG		D۷	<i>'</i>		WD	
*Phone Number					Τ		Τ		Ī	Ī				*	Re	ations	ship	, [	T														*Ge	nde	r	М		F	:	
NOK Email Address											T																T	Ī												
NOK Addre	ss			_				_		_	_			_	_		_									_	_	_										_		_
House No./ Name																							**Zip Code																	
Street Name								Ī						** State of Residence														ode				Ī		$\overline{}$						
**Village/ Town/City																										T	T		╡*	Co	untr								╗	
P.O.Box/								$\frac{\bot}{\Box}$		<u> </u>	+				<u> </u>		1						$\frac{1}{1}$		+	$^+$	$^{+}$		$\dashv$			ode liger	1) ci	۷) [	7	LΔhr	Abroad (A)			
P.M.B Note: For Add	lition	al Ne	ext of	Kin	plea	se se	end t	he [	 Detail:	s to	"cust	omer	care	 @n <b>i</b> n	cof	a com	<u> </u>													LUC	auc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ilgei	ia (i	۱) ∟	J	الل	oau	· (/^)	
														<u></u>																										
	tification Setup - Please tick the appropriate box dicate where you would want your correspondence sent to (e.g Statement of Account, We															lcome	lette	er,etc)	)				Е	-mai	1 & S	MS	Only		Re	side	ence				Do	n't D	e <b>l</b> ive	r		
I hereby certify th Commission (Per	ustomer Authorization for access to National Identit certify that the information provided in this form is correct. I further consent and a cion (PenCom), upon request by my Pension Fund Administrator, for the mainter nation is secure and protected.														rise	the Nat	tiona	al Ider	ntity	Man	agen	nent (	Comn gs Ac	nissio	n to r t. It is	eleas my u	e my ınder	NIN stan	l infor ding t	matio nat P	on (a PenCo	s may om sl	y be r nall e	requi xerc	red) t ise du	o the ie car	Natio e to e	nal F ensur	Pensi re tha	on it
Name																	Τ									Τ				T						Τ				
Address																+	$\frac{\perp}{1}$	+						$^{+}$						$^{+}$						+			$\frac{1}{1}$	╡
									+			+		$\perp$		+	$\frac{\perp}{1}$	+						+		<u> </u>	<u> </u>	+		$\pm$	_					+			+	ㅓ
													1																							$\perp$				
																				1			٦.			٠.		-	_											
**Signature														Date									]/			/														
	* For Official use Only																																							
Does the application Please Specify	cant i	have 	any	phys	sical d	challe	enge 	? 	Yes	П	T	No T	Н	li ye	5, u	CK TYL	T	$\top$		ai uai		Г		T	liane	iii [	_	T		Т						$\top$			$\top$	$\neg$
' '	46.4	4la a ::	-6	-4:-			<u> </u>				h a b	+			امما								ما ام	<u> </u>												$\perp$				
I hereby certify Surname	lnat	li e ii	IIOIII	ialio	n give	en ai	Jove	IS C	Jonec	1 10 1	ne be	est of	IIIy I	TIOW	leu	je. m		OIIIIV	was	s aur	HIIII	stere	Т	T		Т		T		Т	П					Т			Т	
									<u> </u>			+	<del>                                     </del>	$\perp$		+	<u> </u>	$\frac{\perp}{\perp}$	<u> </u>					$\perp$	<u> </u>	<u> </u>		+		$\frac{\perp}{1}$	_			<u> </u>		+			$\pm$	닉
First Name									<u> </u>			<u> </u>	<u> </u>			<u> </u>	L	<u> </u>						<u> </u>				+		4						$\downarrow$			4	닠
Designation													_																							L				
Signature														Date									1			1	'													
Supervisor Name																Τ																								
Name		<u> </u>						<u> </u>					<b> </b>	IN N	10	Р	E	E N	v					t						$^{\dagger}$										
Signature														Agen				_   .	1					<del>                                     </del>																
Supporting	Do	cum	nent	<b>S</b> (P	lease	tick t	he ap <sub>l</sub>	prop	oriate b	ox)			」 ′	ngen	100	oue			L																					
General Doc				0"		' '	h 41	, NI -	lio:!	de - ''	4							Cro	os	s Bo	orde	er Re	egis	trat	on (	only	<b>r</b> :													
Nationa indicatin	g the	Natio	nal Id	entity	/ Num	ber (1	VIN)																Nationality - Copy of Data Page of the International Passport (for non-Nigerian)																	
Means										Vote	ers ca	rd/Va	lid Inte	ernatio	onal	passpo	ort.						mit - Evidence of work permit in host country.  Indertaking - To bear exchange rate fluctuations																	
Letter o					•																	e of l		_				-	ale III	viud	iliUHS									
Letter									,															-					(whe	e ap	plica	b <b>l</b> e)								
Micro Pensio		_			_		ed ass	socia	ation o	r trad	le unio	on Cer	tificat	e of B	Busir	ess Re	egist	tration	1)																					