

Country of Residence Code

** ZIP Code

P.O Box or PMB(If any)

Personal Email Address

* Phone No. Country Code (Tel.)

Mobile Number

+

SECTION 3: EMPLOYMENT RECORD

* Sector Classification

(Formal Sector (Fed & State MDAs) Employees-01)

(Private Sector Employees-02)

(Micro Pension Plan Contributor-03)

(Cross Border Employees-04)

** Employer Under IPPIS? (Tick if applicable)

Date Employee Joined IPPIS

(DD MON YYYY)

D D M O N Y Y Y Y

** Employee's IPPIS No.

* Employer Name (In Full e.g National Pension Commission NOT PenCom)

* Employer Code

* Nature of Business (Informal Sector Only)

Employer's Current Business Location/Address

Nigeria

Abroad

Building No./Name

Street Name

** Village/Town/City

** Local Government Code

** State Code

** Country Code

** Zip Code

P.O Box or PMB(if any)

Country Code (Tel.)

Mobile Number

+

** Employee ID/No. (Public Sector & Crossborder Employees Only)

** Service ID/Number (Police & Paramilitary Only)

** Designation/Rank

D	D	M	O	N	Y	Y	Y	Y
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D	D	M	O	N	Y	Y	Y	Y
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D	D	M	O	N	Y	Y	Y	Y
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* Country Code (If based abroad)

** Zip Code/Postal Code (If living abroad)

P.O box or PMB(if any)

Email

* Phone No:

CountryCode (Tel.)

Mobile Number

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SECTION 6: CONTRIBUTOR’S CERTIFICATION

* Certification by Employee

1.....

hereby certify that the information provided in this form is correct. I further consent and authorize Nigeria Inter-bank Settlement System Plc and National Identity Management Commission to release my BVN and/or NIN information (as may be required) to the National Pension Commission (PenCom) for the maintenance and operation of my .Retirement Savings Account. It is my understanding the Pencom shall exercise due care to ensure that my information is secure and protected

** Signature (Please sign within the box)

Date:

D

D

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N

Y

Y

Y

Y

SECTION 7: For Official Use Only

* Does the contributor have any Fingerprint Challenge?

YES

No

Others:

If yes: Tick Type

Partial:

Attach Supporting Document

Others:

SECTION 8: PFA CERTIFICATION

* I hereby certify that the information given above is correct to the best of my knowledge:

Name

* Designation

* Date

D

D

M

O

N

Y

Y

Y

Y

* Signature

- NOTES:
- * Indicates Mandatory Fields

** Indicates Conditionally Mandatory Fields