



RETIREMENT SAVINGS ACCOUNT OPENING FORM AND TEMPORARY PIN REGULARIZATION

Note * Indicates Mandatory Fields
** Indicates Conditionally Mandatory Fields

(Tick as appropriate)

1. Registration Type *

New Employee Registration

Temporary PIN Regularization (TPIN)

2. Temporary PIN (If Application): **

P	E	N														
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* FORM REF. NO.:

Please Complete in BLOCK LETTERS

Section 1: Personal Data

1. Title (Mr/ Mrs/ Miss / Ms): *

2. First Name: *

3. Surname: *

4. Middle Name:

5. Maiden/Former Name:

6. Gender (M/F) *

Marital Status (MD/SG/DV/WD/SP) *

Nationality *

7. State of Origin Code **

Local Government Area of Origin Code: **

8. Place of Birth (City): *

Date of Birth (DD-MM-YYYY) *

D	D	M	M	Y	Y	Y	Y
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9. Bank Verification Number (BVN):

National Identity Number (NIN): *

10. Residential Address: *

Nigeria

Abroad

11. House No./Name:

12. Street Name:

13. Village/Town/City: **

LGA Code: **

14. State of Residence Code: **

Country of Residence Code: *

15. Zip Code: **

P.O. Box / P.M.B

Phone No: (CountryCode + Mobile No.) *

(Mandatory where Country of Residence is abroad)

16. Personal E-Mail Address:

Section 2: Employment Record

1. Sector Classification: *

Public Sector Employees (01)

Private Sector Employees (02)

Micro Pension Plan (03)

Cross Border Employees (04)

2. Employer under IPPIS: **

Yes

No

(For Treasury Funded MDAs Employees Only)

3. Employee's IPPIS No: **

Date Employee joined **

D	D	M	M	Y	Y	Y	Y
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4. Employer Name (In Full): **

5. Employer Location: **

Nigeria

Abroad

6. House No./ Name:

7. Street Name:

8. Village /Town/City: **

9. LGA Code: **

State Code: **

P.O. Box / P.M.B

10. Zip Code: **

Country Code: *

(Applicable to foreign residents Only)

11. Employer's Phone (Country Code+Tel. Number):

(Applicable to foreign residents Only)

Nature of Business (Informal Sector Only) *

12. Employee ID/No.: **

(Public, Private Sectors & Cross Border Employees Only)

Service ID/No.: **

(Police & Paramilitary Only)

13. Designation /Rank: **

14. Date of First Appointment (For public sector employees): **

15. Date of Current Employment (For private sector employees):

16. Date of Transfer of Service (For Treasury Funded FG & State MDAs Employees Only): **

17. Quaterly Account Statement Dispatch- Please tick as appropriate

E-mail Pick-up Others Please Specify

Section 3: Next of Kin Personal Data

1. Title (Mr/Mrs/Miss/Ms): * Gender (M/F) *

2. First Name: *

3. Surname: *

4. Middle Name:

5. Relationship *

6. Correspondence Address: * Nigeria Abroad

7. House No./Name:

8. Street Name

9. Village / Town /City: **

10. LGA Code: ** State of Residence Code: ** P.O.Box / P.M.B

11. Zip Code: ** Country of Residence Code: *

12. Email:

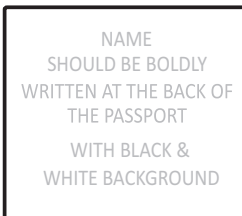
13. Phone No.: (Country Code + Tel. Number): **

Section 4: Contribution's Certification

1. Certification by Contributor *

I _____ hereby certify that the information provided in this form is correct. I further consent and authorize National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected.

2. Recent Passport Photo *



Signature **

Date

Section 5: PFA Certification (For Official Use ONLY)

PFA Code: *

I hereby confirm that the information above are as given by the within named contributor/retiree and that all original documents have been sighted and copies of necessary documents obtained.

This form was administered by:

First Name: *

Surname: *

Date:

Agent Code:

Signature

Notes:

As a PFA we will comply with the requirements of the Data Protection Laws in dealing with the information collected in the form, including but not limited to safety and security of the information obtained.