

EXISTING CONTRIBUTOR/RETIREE RECAPTURING FORM

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS

SECTION 1: RETIREMENT SAVINGS ACCOUNT PERSONAL IDENTIFICATION NUMBER (RSA PIN) HOLDER'S DETAILS

1a	*	RSA PIN	P E N
1b	*	PFA Name	
		Employer Name	
1c	*	Employer Code	To be provided by the PFA
Other RSA PINs (If Any)			
1d		PINs	P E N
		PFA Name	
		PINs	P E N
		PFA Name	
		PINs	P E N
		PFA Name	

If other PINs are more than 3, please attach a listing

SECTION 2: PERSONAL DATA

2.a	*	Title (Mr., Mrs., Miss & Ms.)		
	*	Surname		
	*	First Name		
		Middle Name		
	*	Mother's Maiden Name		
	*	Gender (M/F)	*Marital Status	* National Identity Number (NIN)
			(MD/SG/DV/SP/WD)	
	*	Bank Verification Number (BVN)	** International Passport Number (Non-Nigerians Only)	
	*	Date of Birth (DD MON YYYY)*Sample Date 14 SEP 1970	* Nationality	
		D D M O N Y Y Y Y		
	**	State of Origin (If Nationality is Nigerian)	** Local Government Area (If Nationality is Nigerian)	
2.b	*	Residential Address		
	*	House No. /Name		
	*	Street Name		
	*	Village/Town/City		
	*	Local Government Area Code		
	*	State of Residence Code		
	*	Country of Residence Code		
2.c	*	Correspondence Address (Building Address or P.O.Box/P.M.B, Where you would want correspondences sent to)		
	*	Building No. /Name		
	*	Street Name		
	*	Village/Town/City		

Recent Passport Photo
(with a white background)

Name should be boldly written
at the back of the passport
photograph

* Local Government Area Code

* State Code

P.O.Box or PMB(if any)

** Country Code

** Zip Code

Personal Email Address

* Mobile No. (Local)

** Mobile No. (International If any)

SECTION 3: EMPLOYMENT RECORD

3.a * **Sector classification**

3.b * (Formal Sector Employees-01) (Informal Sector Employees-04) (Cross Border Employees-05)

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

3.c * **Current Business Location / Address**

* Building No./Name

* Street Name

* Village/Town/City

* Local Government Code

* State Code

** Country Code

** Zip Code

3.d **International Mobile / Telephone Number (if any)**

** Country Code

3.e **Nature of Business (For Informal Sector Employee Only)**

3.f **Employee ID/No. (Public, Private Sectors, CPFA, AES & Cross-border Employees Only)** ** **Service / ID Number (Police & Paramilitary Only)**

Designation/Rank Office Tel. No.

Official Email Address (if any)

SECTION 6: EMPLOYER'S CONFIRMATION

* I confirm that the within-named person is/was an/a employee/retiree of and the information provided by him/her is true and correct to the best of my knowledge.

Name of Staff

*

Designation

*

Signature (Please sign within the box)

*

Date (DD MON YYYY)

*

SECTION 7: APPLICANT'S BIOMETRIC/CERTIFICATION

7.a * Certification by Employee

* I hereby certify that the information provided by me in this form is true and correct.

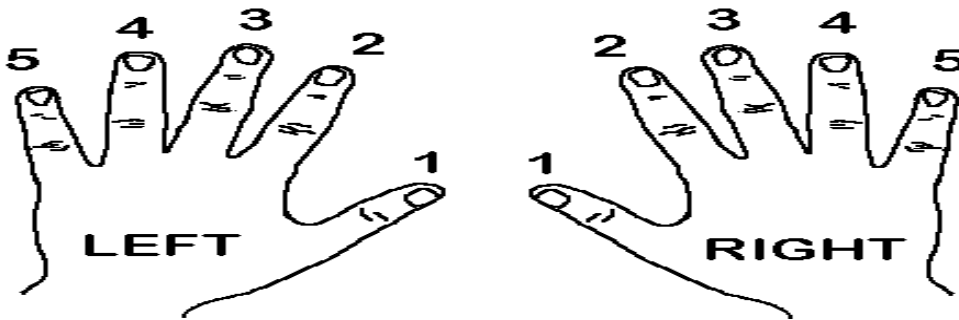
Signature (Please sign within the box)

*

Date:

*

7.b * Note: 10 Fingerprints, Photograph and Signature to be captured ELECTRONICALLY



SECTION 8: For Official Use Only

8.a * Does the Contributor/retiree have any Physical Challenge?

Yes

No

If yes: Tick Type

Partial:

Complete:

Others:

8.b * **PFA CERTIFICATION**

* 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.

This form was administered by:

Surname

First Name

Date

Signature

NOTES:

* Indicates Mandatory Fields

** Indicates Conditional Mandatory Fields