



**PENSOL PROVIDENT FUND  
MEMBERSHIP ENROLMENT FORM**

PASSPORT  
PHOTO

NOTE: ALL INFORMATION SHOULD BE WRITTEN LEGIBLY AND BOLDLY IN CAPITAL LETTERS

ENROLMENT NUMBER:

NAME OF CONTRIBUTOR		Surname		First name		Other Names	
DATE OF BIRTH		SEX	NATIONALITY	ID TYPE	ID NUMBER:		
GHANA CARD NUMBER:		PHONE NO:		TELEPHONE:		MARITAL STATUS:	
BASIC SALARY (GH¢)		5%OF MONTHLY CONTRIBUTION		SSNIT NO		HOME TOWN	
COUNTRY OF BIRTH		RESIDENTIAL ADDRESS/ GPRS:					
E-MAIL ADDRESS:				POSTAL ADDRESS			
NAME OF EMPLOYER				EMPLOYER'S ADDRESS			

**BENEFICIARY(S) NOMINATIONS**

NO.	NAME OF BENEFICIARY	DATE OF BIRTH	RELATIONSHIP	PERMANENT ADDRESS/ GPRS	CONTACT	%
<b>TOTAL</b>						<b>100%</b>

FINGER PRINTS	
<b>LEFT THUMB PRINT</b>	<b>RIGHT THUMB PRINT</b>

**DECLARATION BY CONTRIBUTOR**

I declare and clarify that:

1. I am not a member of any other similar scheme
2. The fact herein stated is accurate and true
3. I am duly informed and to my full understanding that, I will be liable to prosecution for any false declaration herein or hereafter made to the scheme.

FOR OFFICAL USE ONLY

I certify that this form was filled in my presence by the above contributor

SIGNATURE.....

DATED:.....

NAME OF ENROLMENT OFFICER

SIGNATURE

DATE