



# NATIONAL PENSION REGULATORY AUTHORITY



## SECTION 1 MEMBER DETAILS: (TO BE COMPLETED IN BLOCK LETTERS)

SURNAME		FIRST NAME		OTHER NAMES	
DATE OF BIRTH		TEL:		NAME OF CURRENT EMPLOYER	

## SECTION 2: SCHEME DETAILS (Details of the scheme from which accrued benefits are to be transferred)

NAME OF TRUSTEE:					
NAME OF SCHEME:				MEMBERSHIP NO.	
FIRST CONTRIBUTION			LAST CONTRIBUTION		
TOTAL CONTRIBUTION			TOTAL ACCRUED INTEREST		
NET ACCRUED BENEFIT			SCHEME TYPE:		

## SECTION 3: TRANSFERS DETAILS (Details of the scheme to which accrued benefits are to be transferred)

NAME OF TRUSTEE: <b>PENSOL CAPITAL TRUST LIMITED</b>	
NAME OF SCHEME: <b>PENSOL CAPITAL TRUST OCCUPATIONAL SCHEME</b>	
SCHEME CUSTODIAN: <b>REPUBLIC BANK GHANA</b>	ACCOUNT NAME: <b>PENSOL CAPITAL TRUST OCCUPATIONAL SCHEME</b>
BRANCH: <b>HEAD OFFICE</b>	ACCOUNT NUMBER: <b>0024036838268</b>

Contact person of Transferee Trustee to whom inquiries concerning transfer of funds should be addressed

NAME OF CONTACT PERSON:		DESIGNATION	
CONTACT NUMBER:		EMAIL ADDRESS:	

### MEMBER DECLARATION

I, ....., a member of ..... elect that all my accrued benefits be transferred to Pensol Capital Trust Limited. I declare that to the best of my knowledge, the information given herein is complete and accurate.

Signature: ..... Date .....