

Pensions Alliance Limited Plot 289, Ajose Adeogun Street, Victoria Island, Lagos. 0800PALPENSIONS Tel: 234 1 280 2290-3 Email: info@PALpensions.com Web: www.palpensions.com

# Ref No.\* 2 5 C R 0 0 0 0 0 0 0 8

### **RETIREMENT SAVINGS ACCOUNT OPENING FORM - MICRO PENSION**

#### PLEASE FILL IN BLACK INK AND BLOCK LETTERS

1. PERSONAL DATA													
Title* (Mr/Mrs/Ms/Miss)													
First Name* Middle Name	Middle Name												
Surname*													
	Gender	r* (AA /F)											
Maiden/Former Name	Gender	(/vt/ F)											
	L												
Marital Status* (MD/SG/DV/WD/SP) Nationality* State of Origin** LGA	of Origi	n Code**											
Place of Birth* (City) Bank Verification Number (BVN)													
National Identity Number (NIN)* Date of Birth*													
Residential Address*													
Location* (Please tick as appropriate) House Number/Name Street Name													
Nigeria Abroad													
Village/Town/City**													
LGA of Residence Code** State of Residence Code** Country of Residence Code* Zip Code** P.O. Box/P.M.B													
Personal E-mail Address													
Phone Number (Country Code + Mobile Number)* 2nd Phone Number (Country Code + Mobile Number)**													
2. EMPLOYMENT RECORDS - Micro Pension Employees													
Micro Pension Plan Contributor*													
Employer's Name** (Write in full)													
Employer's Address*													
Employer's Address*													
Location* (Please tick as appropriate) Building Number/Name Street Name													
Location* (Please tick as appropriate) Building Number/Name Street Name   Nigeria Abroad Image: Street Name													
Nigeria Abroad													

## Your **PAL** for life



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P.O.	P.O. Box/P.M.B Employer's Phone (Country Code + Telephone Number)																													
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4. N	4. NEXT OF KIN'S PERSONAL DATA																													
Title*	(Mr//	Mrs/N	∧s/Mi	ss)	-	Ger	nder*	(M/F)																						
First	Name	*																			le Na	me								
Surn	ame*										-				_				1	Relat	ionsh	iip* I								
	Next of Kin's Correspondence Address* Location* (Please tick as appropriate) House Number/Name Street Name																													
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5. C	erti	fica	tio	า*																										
I hereby certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon my 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,																														
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		Photo must be with a white background.																		Date	*									
	Please write your name																													
			behind your passport photograph and affix																											
				, r			gum				Signature**																			
DO NOT STAPLE																														
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PFA	Detail	s									ł	OR	OF	FIC	ΕU	SE	ON	LY												
Date	of Reg	gistrat	tion*				Ag	ent Na	ame															Ag	ent C	ode*				

### Your PAL for life