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

PLEASE FILL IN BLACK INK AND BLOCK LETTERS

REGISTRATION TYPE* (Please tick as appropriate)

New Registration ☐ TPIN Regularization ☐

Temporary PIN**

1. PERSONAL DATA

Title* (Mr/Mrs/Ms/Miss)

First Name*

Middle Name

Surname*

Maiden/Former Name

Gender* (M/F)

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

Nationality*

State of Origin**

LGA of Origin Code**

Place of Birth* (City)

Bank Verification Number (BVN)

National Identity Number (NIN)*

Date of Birth*

Residential Address*

Location* (Please tick as appropriate)

Nigeria ☐ Abroad ☐

House Number/Name

Street Name

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

Sector Classification* (Please tick as appropriate)

01 - Federal Govt (PU) ☐ 02 - State Govts (ST) ☐ 03 - Private Reg Companies - Private (Ltd) and Public (Plc) (PR) ☐ 04 - Business Names (BR) ☐

05 - Foreign Agencies (FR) ☐ 06 - Embassies (EM) ☐ 07 - NGOs (NG) ☐ 08 - Unions (UN) ☐ 09 - Cross Border (CB) ☐

Employer's Name* (Write in full)

Employer's Address*

Location* (Please tick as appropriate)

Nigeria ☐ Abroad ☐

Building Number/Name

Street Name

Village/Town/City**

LGA Area Code**

State Code**

Country Code*

Zip Code**

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P.O. Box/P.M.B

Employer's Phone (Country Code + Telephone Number)

Nature of Business*

Date of First Appointment**

Date of Current Employment

4. NEXT OF KIN'S PERSONAL DATA

Title* (Mr/Mrs/Ms/Miss)

Gender* (M/F)

First Name*

Middle Name

Surname*

Relationship*

Next of Kin's Correspondence Address*

Location* (Please tick as appropriate)

Nigeria ☐ Abroad ☐

House Number/Name

Street Name

Village/Town/City**

NOK LGA of Residence Code**

NOK State of Residence**

NOK Country of Residence Name Code*

NOK Zip Code

NOK P.O. Box/P.M.B

NOK Phone Number* (Country Code + Mobile Number)

NOK E-mail Address

How would you like to receive your vital documents? (Registration Certificate, RSA Statement e.t.c)

Select as appropriate: Email: ☐ Post Office: ☐ Residential Address: ☐ Hold / Don't deliver: ☐

5. Certification*

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,

Name: _____

Address: _____

_____

Picture*

Photo must be with a white background.

Please write your name behind your passport photograph and affix with gum.

DO NOT STAPLE

Signature**

Date*

FOR OFFICE USE ONLY

PFA Details

Date of Registration*

Agent Name

Agent Code*