

## INSTALLATION FORM

### A. Address of Correspondence

Name of Scheme:

Name of employer:

Employer postal address:

Employer tel. no.:

Employer email address:

Scheme contact person:

Contact person email address:

Contact person tel. no.:

### B. General Scheme Information

Commencement Date:

### C. Retirement Benefits

Pension

Provident

If service continues after NRA, should contributions continue:

Yes

No

### D. Previous Scheme Information

Previous scheme name:

Previous Administrator:

Fund value transferred:

### E. General Information

Name and title of contact person to answer queries:

Tel. no.:

**A. Office Location**

NPRA NO.:
SSNIT NO.:
TAX ID NO.:
STAFF STRENGTH:
MONTHLY CONTRIBUTION (GH¢):

**B. Signature**

<input type="text"/>	<input type="text"/>
On behalf of Employer	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
On behalf of Trustee	Date (dd/mm/yyyy)