

NTHC TRUSTEES LTD MEMBERS' INFORMATION UPDATE & APPLICATION FOR MEMBERSHIP CERTIFICATE

 REPUBLIC OF GHANA
 NATIONAL PENSIONS ACT 2008 (ACT 766)

SOCIAL SECURITY NUMBER

TICK WHERE APPLICABLE

- UPDATE Change of Name Change of Beneficiary
 MEMBERSHIP CERTIFICATE
 (Appropriate fees to be paid)

INSTRUCTIONS FOR COMPLETING THIS FORM

For Membership Cert. & Change of Name complete Sections A & C
 For Change of Beneficiary complete Sections A, B & C
 Witness to Complete Section D

SECTION A
MEMBER'S NAME

Surname
 First Name
 Middle Name (s)

CONTACT ADDRESS

Current
 Permanent

- Marital Status Single Married Separated Divorced Widowed
 Sex Male Female

SECTION B

NAME OF DEPENDANT	DATE OF BIRTH	SS. NO (IF ANY)	RELATIONSHIP TO MEMBER	SEX	PERMANENT ADDRESS	PERCENTAGE

PLEASE NOTE THAT YOU ARE LIABLE TO PROSECUTION IN THE EVENT OF ANY FALSE DECLARATION

SECTION C

Signature of Contributor

DD / MM / YYYY

Date of Completion

Left Thumb Print

Right Thumb Print

SECTION D

QUALIFIED WITNESS

The following qualify to witness the completion of this form

1. Employer or his representative
2. Senior Public or Civil Servant
3. Lawyer / Magistrate / Judge

I CERTIFY THAT:

1. Completion of this form was supervised by me.
2. The thumb print and signature on the form are those of the worker.

Name of Witness

Title of Witness

Address of Witness

Signature of Witness

FOR SISF BRANCH OFFICE ONLY

Office Code

Ref. Code

Receipt No.

Date

DD / MM / YYYY

FOR SISF RECORDS OFFICE ONLY

Investigator's Comments on TP

Investigator's Name

Investigator's Signature