

NTHC TRUSTEES LTD
SS1A Form

 REPUBLIC OF GHANA
 NATIONAL PENSION SCHEME ACT 2008 (ACT 766)
 CONTRIBUTOR REGISTRATION CARD

 Social Security
 Number

CONTRIBUTOR'S INFORMATION
Contributor's Name

 Surname
 First Name
 Other Names

 Permanent Address
 Gender Male Female

 Marital Status
 Nationality
 Country of Birth
Place of Birth

 Town
 District
 Region

 Date of birth

 Employer's Name

 Employer's Address
Contributor's Previous or Maiden Name

 Surname
 First Name
 Other Names
Nature of Income

 Basic Income
 Occupation
Name of Father

 Surname
 First Name
 Other Names
Name of Mother

 Surname
 First Name
 Other Names
Employer's Details

 E.R. Number
 Telephone
 Company Registration No.

I hereby declare that the person(s) mentioned below to receive benefits in the event of my death are my dependants

Family Information

| Name of Dependand | Date of Birth | SS No. If any | Relationship | Permanent Address | Percentage % |
|-------------------|---------------|---------------|--------------|-------------------|--------------|
| | | | | | |

Please note that you are liable to prosecution in the event of any false declaration under the Social Security Law

DECLARATION
I CERTIFY THAT:

- 1) I have never been registered as a member of this scheme and
- 2) the facts stated above are true and accurate

| LEFT THUMB PRINT | | |
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| | | THUMB |
| | | INDEX |
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| RIGHT THUMB PRINT | | |
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.....
DATE

.....
SIGNATURE OF CONTRIBUTOR

I CERTIFY THAT :

- 1) Completion of both sides of this was supervised by me
- 2) The thumb Prints and Signature on the two membership certificates are those of the contributor

.....
SIGNATURE OF REGISTERING OFFICER

.....
NAME OF REGISTERING OFFICER

.....
SIGNATURE STAMP & SEAL OF EMPLOYER