

NATIONAL PENSIONS REGULATORY AUTHORITY



NPRA/FM/IDT/01/11

NATIONAL PENSIONS ACT, 2008 (ACT 766)

APPLICATION FOR LICENCE AS APPROVED TRUSTEE (FOR AN INDIVIDUAL PERSON)

NOTES:

- (1) All questions must be answered. If any question is not applicable, please write "N/A."
- (2) If boxes are provided, please tick whichever is appropriate.
- (3) The application should be submitted with two (2) passport size photographs taken full face on a plain background within six months of the date of application without dark glasses or hat.
NB: One of the photographs should be certified as a true likeness of the applicant by the witness
- (4) This application should be witnessed by a person in one of the following categories to whom the applicant is personally known
- (a) A senior Clergyman
 - (b) A commissioned officer of the Armed Forces (Captain and above), Prison Service or the Ghana Police Service (Superintendent or above)
 - (c) A senior Civil or Public Servant (Principal Executive Officer and above)
 - (d) A Registered Medical Practitioner
 - (e) A Solicitor or Barrister
 - (f) Head of a recognised Educational Institution
- (5) Please provide any other information which may assist the National Pensions Regulatory Authority ("the Authority" or "NPRA") in reaching a decision on the application if necessary.
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FOR OFFICIAL USE ONLY

Application No.: _____ Date Application Received: _____

Fee Receipt No.: _____ Subject Officer: _____

Date of Fee Receipt: _____ Input Officer: _____

Date of Letter of Acknowledgement: _____ Verification Officer: _____

SECTION I – PARTICULARS OF THE APPLICANT

1.1 Surname		AFFIX PHOTO HERE
1.2 Forenames		
1.3 Any previous name(s) by which you have been known		
1.4 Title	Mr. ☐ Mrs. ☐ Miss ☐ Dr ☐ Other:	
1.5 Passport No. /National ID No./ Driver's Licence No./ Voter's ID No (<i>Attach photocopy of ID</i>)		
1.6 Date of Birth (<i>DD/MM/YYYY</i>)		
1.7 Place of Birth (<i>Town/Country</i>)		
1.8 Nationality		
1.9 Your Residential Address		
1.10 Your previous residential addresses during the last 3years if different from above		
1.11 Telephone No. (<i>Fixed/Cell</i>)		
1.12 Fax No.		
1.13 E – Mail		
1.14 Do you ordinarily reside in Ghana?		
1.15 Period of residence in Ghana (<i>in years</i>)		

SECTION II – EDUCATIONAL BACKGROUND AND EMPLOYMENT HISTORY

2.1 Please state your professional, academic, technical or other qualifications and the years in which they were obtained

NB: Attach certified copies of your academic/professional/technical qualifications

Qualifications	Issuing Institution (Name/Address/Tel. No.)	Date (DD/MM/YYYY)

2.2 Present occupation or employment and occupations and employment during the last 10years, including the name of the employer, the nature of the business, the position held and relevant dates.

Details of Employment	1 (Current Employment)	2	3
Name of Employer			
Principal Business Address			
Contact/ Tel. No.			
Nature of Business			
Capacity in which employed			

SECTION III-DISCIPLINARY AND CONVICTION HISTORY, FINANCIAL STATUS

3.1 Have you ever been found by a court, to be of unsound mind and incapable of managing your personal affairs? YES ☐ NO ☐

3.2 Have you ever been convicted of any offence (other than a traffic offence) or are you the subject of unresolved charges, in Ghana or elsewhere? YES ☐ NO ☐

If yes, please provide the following information:

<i>Nature of offence:</i>	
<i>Penalty imposed (if any):</i>	
<i>Date of conviction or trial (DD/MM/YYYY)</i>	
<i>Name and place of court in which the offence was tried:</i>	
<i>Court reference (if any):</i>	

3.3 Have you, in Ghana or elsewhere, ever been dismissed from any office or position, subject to disciplinary proceedings or barred from entry to any profession or occupation? YES ☐ NO ☐

If yes, please provide the following information:

<i>Name of the organisation taking action</i>	
<i>Nature of the action taken or proceedings</i>	
<i>Outcome (if applicable)</i>	
<i>Date of action/proceedings (DD/MM/YYYY)</i>	
<i>Reason for action/proceedings</i>	

- 3.4 Have you ever been refused the right or restricted in the right to carry on any trade, business or profession for which a specific license, registration or other authority is required by law in any place? YES ☐ NO ☐

<i>If yes, please provide the following information:</i>	
<i>Name of the organisation:</i>	
<i>Address of the organisation:</i>	
<i>Action taken by the organisation:</i>	
<i>Date of such action:</i> <i>(DD/MM/YYYY)</i>	
<i>Reason for such action:</i>	

- 3.5 Have you failed to meet any judgment debts, judgements or courts orders for the payment of damages, or other sums of money, in Ghana or elsewhere, outstanding against you? YES ☐ NO ☐

<i>If yes, please provide the following information:</i>	
<i>Current status</i>	
<i>Outcome:</i>	
<i>Amount involved:</i>	

- 3.6 Have you ever been adjudicated bankrupt by a court or are you currently subject to bankruptcy proceedings or a bankrupt who has been discharged; or have you ever entered into any scheme of arrangement or any form of composition with the creditors, in Ghana or elsewhere? YES ☐ NO ☐

<i>If yes, please provide the following information:</i>	
<i>Name and place of adjudication</i>	
<i>Court of adjudication</i>	
<i>If discharged, the date of discharge and conditions (if any)</i>	

SECTION IV – DETAILS OF APPOINTMENT

4.1 Name of scheme: _____

4.2 Name of employer/ organisation: _____

4.3 Business address of employer/ organisation: _____

4.4 Tel. number of employer/organisation: _____

4.5 Fax number of employer/ organisation: _____

4.6 Is the applicant to act as an independent trustee of the scheme? YES ☐ NO ☐

4.7 Is the applicant an employee of the employer /organization sponsoring the scheme? YES ☐ NO ☐

4.8 Is the applicant a member of the scheme? YES ☐ NO ☐

4.9 Has an application in respect of the scheme registration been made to the Authority YES ☐ NO ☐

If yes, please state:

<i>Date of application (DD/MM/YYYY)</i>	
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SECTION V – DECLARATION

I declare that to the best of my knowledge and belief the information given in this application form is correct and complete.

I certify that the documents attached to this application are true and correct copies.

I undertake to notify the Authority of any matter which affects the validity of any information given in support of our application.

After the application is approved, I undertake to notify the Authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this Form as soon as possible.

- Name of applicant: _____
- Signature: _____
- Date of application: _____

OFFICIAL WITNESS

- Name of Official*: _____
- Title: _____
- Signature: _____
- Date: _____
- Official Company/
Organisation Stamp: _____