

EMPLOYEE REGISTRATION FORM

SCHEME TYPE

(Please tick where applicable)

- SHIELD OCCUPATIONAL PENSION SCHEME (TIER 2)
 SHIELD PROVIDENT FUND SCHEME (TIER 3)
 SHIELD CEDI KOR A DAY PERSONAL PENSION
 UPDATE

PART 1: EMPLOYEE'S DETAILS

Title

- Mr Miss Mrs Ms Dr. Prof. Others

Surname

First Name

Other Name(s)

Previous Name (If any)

Date Of Birth

Gender

- Male Female

Place Of Birth

IDENTIFICATION DETAILS

Ghana Card No.

Nationality

SSNIT No.

CONTACT DETAILS

Residential/GPS Address

Postal Address

Email Address

Mobile Phone Number

Marital Status

- Single Married Divorced Separated Widowed

Occupation

Name of Employer

Date of Employment

PART 2: NEXT OF KIN DETAILS

Surname

First Name

Phone Number

Gender

Male

Female

Relationship to Member

Address

Email Address

PART 3: BENEFICIARY NOMINATION

I hereby declare that the person whose name is indicated below is to receive any benefits due me in the event of my death.

Name	Date of Birth (DD/MM/YY)	Email Address	Telephone Number	Relationship to Member	Allocation 100%

Declaration

I certify that all information provided on this form is true and accurate. I further confirm that, I am of sound mind on this day in the nomination of persons as my dependents to receive death and survival benefits in the event that I am no more.

Date

Member's Signature

NB:

It is important that all information supplied is complete and accurate in order that a correct member record is established.

FOR OFFICIAL USE ONLY

Input Officer

Date

Signature

Authorizing Officer

Date

Signature