



EMPLOYER REGISTRATION FORM

Scheme Name	Shield Occupational Pension Scheme			Scheme Type	Tier 2	
	Employer Sponsored Scheme (ESS)					
	Shield Provident Fund Scheme				Tier 3	
	Shield Cedi Kor A Day Personal Pension					

1.EMPLOYER PARTICULARS

Name of Employer		Mailing Address	
Business Registration No.		Email	
SSNIT Employer No.		Tel No.	
TIN		Mobile No.	
Business Location		Fixed Line	
Industry Category		GPS Address	

2.CONTACT PERSON (One Director and two others)

Name		Email	
Phone		Position	
Name		Email	
Phone		Position	
Name		Email	
Phone		Position	

3.CONTRIBUTION DETAILS

Number of Employees	
Total Contribution at registration	

4.EMPLOYER'S DECLARATION

Name of Previous Scheme	
Name of Previous Trustee	

I Representative of

Declare and certify that the information given is accurate and true.

Signature Designation

Date

FOR OFFICE USE ONLY

Input Officer Date.....

Authorizing Officer..... Date.....

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Corporate Trustee. Pension Fund Administrator