

26, Adeola Hopewell Street, Victoria Island, Lagos, Nigeria. Telephone: +234 1 291 9689

Mobile: +234 901 000 1020; +234 906 000 1020

Website: www.radixpension.com

Email: info@radixpension.com

RETIREMENT SAVINGS ACCOUNT OPENING FORM

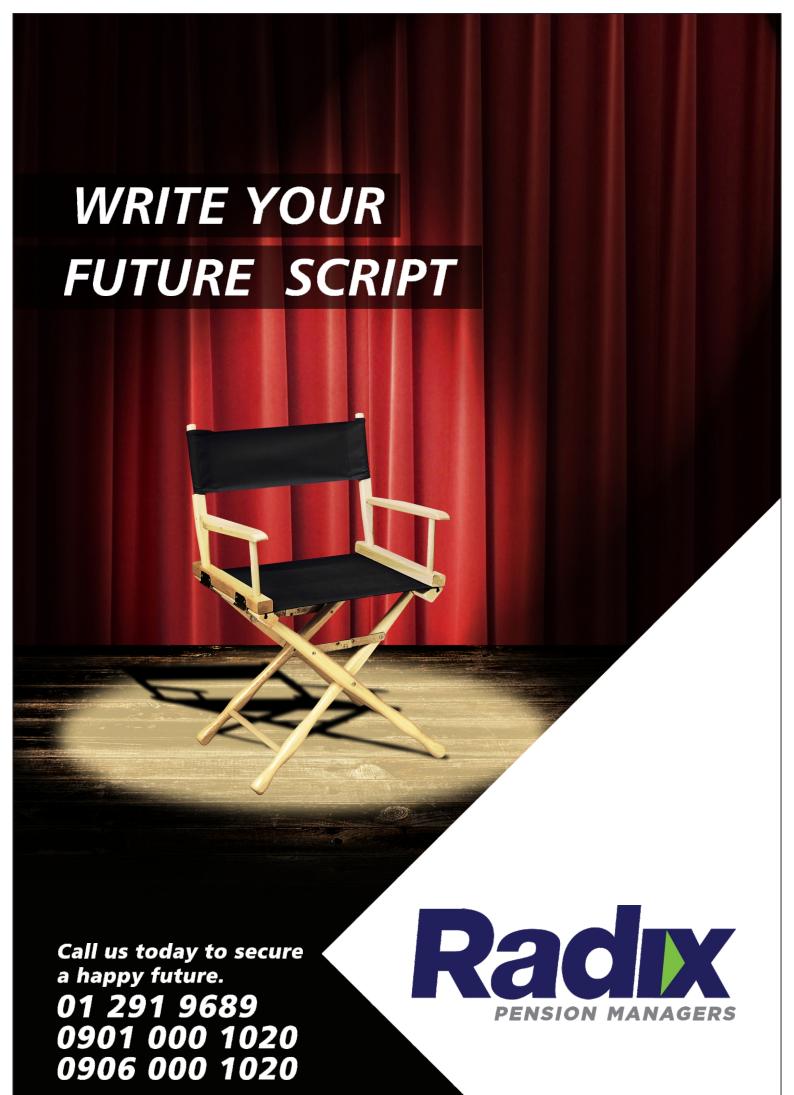
ARE YOU REGISTERED WITH ANY PENSION FUND ADMINISTRATOR?

AFFIX PASSPORT PHOTO

FORM NO: A. PIN																			,										
PLEASE FILL IN BLOCK LETTERS																													
1. PERSONAL DATA A. SURNAME*																													
B. FII	RST NA	ME*																											
C. M	IDDLE I	NAME	*																										
D. TITLE E. GEN									NDER(I	VI/F)*	F. N	MARITA ATUS	L*	7		G. DA	TE OF	BIRTH((DD/N	IM/YY	YY)*								
															(S/	M/D/W						/							
H. ST.	ATE OF	ORIG	N*	· ·										1	I. STAT	E COD	E T	J. PLA	CE OF	BIRTH									
K. HOME TOWN									l	LOCAL GOVERNMENT*																			
M. RI	ELIGION	N T										1	N. ME	ANS C	F ID														
0. M	OTHER	'S MA	IDEN N	IAME T]	P. BVN	NO:						Т			
Q. RE	SIDEN	TIAL A	DDRES	s																						Т			
R. TC	DWN															S. STA	TE										T.,	STATE	CODE
Ų. LC	CAL G	OVER	IMENT										V. TELEPHONE																
W. N	OBILE														1	X. EM	AIL												
2 50	ADI OV		. DE C																										
	MPLOYE MPLOYE																												
B. EN	/PLOYE	R RC I	10								C. ADI	ORESS																	
D. TC)WN	<u> </u>																											
E. ST	ATE											F. E	MPLO	YER C	ODE									G	i. SEC	ror ci	ASSIFI	CATIO	N
																											(FORMA INFORM CROSS B	L SECTO AL SECT	OR 01; FOR 02;
	-																										-11033 B	SUDEK	33)

H. SECTOR AND SUB SECTOR OF INDUSTRY											
I. TELEPHONE J. STATE OF POSTING	K. INDUSTRY CODE										
L. EMAIL											
M. DESIGNATION/RANK N. STATE FILE NO/ID G	CARD NO O. DATE OF CURRENT EMPLOYMENT (PRIVATE SECTOR) (DD/MM/YYY)										
P. DATE OF CONFIRMATION (DD/MM/YYY) Q. DATE OF LAST PROMOTION (D	D/MM/YYY) R. PUBLIC SECTOR SALARY SCALE (E.G. HATISS)(DD/MM/YYY)										
	/ / /										
C CTATEMENT OF ACCOUNT INFORMATION LIGHT OFFICE POST FMAIL	CMC										
S. STATEMENT OF ACCOUNT INFORMATION HOME OFFICE POST EMAIL SMS											
HOW WOULD YOU LIKE TO RECEIVE YOUR PERIODIC STATEMENT OF ACCOUNTS?											
3. REMUNERATION A. ANNUAL BASIC SALARY	B. ANNUAL TRANSPORT ALLOWANCE										
₩	N										
C. ANNUAL HOUSING ALLOWANCE	D. TOTAL EMOLUMENT										
N	14										
4. MONTHLY PENSION CONTRIBUTION											
A. CONTRIBUTION EMPLOYER EMPLOYEE	VOLUNTARY										
PERCENTAGE %	% %										
B. ACTUAL EMPLOYER EMPLOYEE VOLUNTARY											
MONTHLY											
B. ACTUAL EMPLOYER EMPLOYEE MONTHLY CONTRIBUTION	VOLUNTARY										
MONTHLY CONTRIBUTION											
MONTHLY CONTRIBUTION C.TOTAL CONTRIBUTION											
MONTHLY CONTRIBUTION											
MONTHLY CONTRIBUTION C.TOTAL CONTRIBUTION											
C.TOTAL CONTRIBUTION											
C.TOTAL CONTRIBUTION C.TOTAL CONTRIBUTION 5. NEXT OF KIN											
C.TOTAL CONTRIBUTION											
C.TOTAL CONTRIBUTION C.TOTAL CONTRIBUTION 5. NEXT OF KIN											
C.TOTAL CONTRIBUTION C.TOTAL CONTRIBUTION 5. NEXT OF KIN											
C.TOTAL CONTRIBUTION C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME											
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME											
C.TOTAL CONTRIBUTION C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME											
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME											
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME											
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME											
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME E. RESIDENTIAL ADDRESS	D. MIDDLE NAME										
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME											
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME E. RESIDENTIAL ADDRESS	D. MIDDLE NAME										
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME E. RESIDENTIAL ADDRESS F. TOWN	D. MIDDLE NAME G. STATE H. STATE CODE										
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME E. RESIDENTIAL ADDRESS	D. MIDDLE NAME										
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME E. RESIDENTIAL ADDRESS F. TOWN	D. MIDDLE NAME G. STATE H. STATE CODE										
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME E. RESIDENTIAL ADDRESS F. TOWN I. RELATIONSHIP	D. MIDDLE NAME G. STATE H. STATE CODE J. GENDER(M/F)										
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME E. RESIDENTIAL ADDRESS F. TOWN	D. MIDDLE NAME G. STATE H. STATE CODE										
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME E. RESIDENTIAL ADDRESS F. TOWN I. RELATIONSHIP	D. MIDDLE NAME G. STATE H. STATE CODE J. GENDER(M/F)										
C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME E. RESIDENTIAL ADDRESS F. TOWN I. RELATIONSHIP	D. MIDDLE NAME G. STATE H. STATE CODE J. GENDER(M/F)										
MONTHLY CONTRIBUTION C.TOTAL CONTRIBUTION S. NEXT OF KIN A. TITLE B. SURNAME C. FIRST NAME E. RESIDENTIAL ADDRESS F. TOWN I. RELATIONSHIP K. MOBILE	D. MIDDLE NAME G. STATE H. STATE CODE J. GENDER(M/F)										

6. CERTIFICATION						
	MATION GIVEN IS TRUE AND CORRECT VED BY PENCOM BE CHARGED TO MY					
RIGHT HAND						
LITTLE FINGER	RING FINGER	MIDDLE FINGER	POINTER FINGER	THUMB		
LEFT HAND	KING FINGER	WIDDEL FINGER	FOINTER FINGER	THOMB		
LEFT HAND						
THIMP	DOINTED FINGED	MIDDLE FINCED	RING FINGER	LITTLE FINGER		
THUMB	POINTER FINGER	MIDDLE FINGER	KING FINGER	LITTLE FINGER		
			SIGNATURE			
	FOR	OFFICIAL LIST (DI FASE DO NOT	FILL)			
7 DI FACE ATTACH CODIES OF	FOR	OFFICIAL USE (PLEASE DO NOT	FILL)			
7. PLEASE ATTACH COPIES OF:	SALES AGENT	CLIENT RECORD REP		CLIENT SALES AGENT RECORD REP		
	YES NO	YES NO	NCE OF CONDONATION AND MERGER	YES NO YES NO		
1. LETTER OF APPOINTMENT			RVICE (IF APPLICABLE)			
2 LETTER OF LAST PROMOTION		6 CODY	OF PAYSLIP			
2. LETTER OF LAST PROMOTION		6. COP1				
3. BIRTH CERTIFICATE / SWORN DEC	CLARATION OF AGE	7. PASSP				
4. EVIDENCE OF TRANSFER OF SERV	/ICE (IF APPLICABLE)		IS OF IDENTIFICATION ER'S LICENCE, STAFF ID, NATIONAL ID, ET	C)		
A. P.F.A. CODE						
D. SALES AGENT CODE						
SALES AGENT SIGNATURE.			CLIENT RECORD REP SIGNATUR	Ε.		



www.insightnigeria.com