

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE pen. Characters and marks used should be similar in the style to the following:

ABCDEFGHIJKLMN**OP**QRSTU**VW**XYZ1234567890 X[√]



MEMBERSHIP / RSA OPENING FORM

SECTION 1 PERSONAL DATA ALL FIELDS ARE MANDATORY

Surname	<input type="text"/>		
First Name	<input type="text"/>		
Middle Name	<input type="text"/>	Title	<input type="text"/>
Date of Birth	<input type="text"/>	Marital Status(M/S/D)	Gender (M/F)
		<input type="checkbox"/>	<input type="checkbox"/>
State (See Code)	<input type="text"/>	L.G.A (See code)	<input type="text"/>
Maiden Name	<input type="text"/>	Nationality	<input type="text"/>
Residential Address	<input type="text"/>		
	<input type="text"/>		
Mobile Phone	<input type="text"/>		
E-mail Address	<input type="text"/>		

SECTION 2 EMPLOYMENT RECORD

Unico Registration Number	<input type="text"/>		
Employer / Business Unit Name	<input type="text"/>		
Employer Address	<input type="text"/>		
	<input type="text"/>		
Employer Phone No	<input type="text"/>	Email Website:	<input type="text"/>
Basic Allowance Per Annum	<input type="text"/>		
Transport Allowance Per Annum	<input type="text"/>		
Housing Allowance Per Annum	<input type="text"/>		
Date of Employment	<input type="text"/>		
Date of Confirmation	<input type="text"/>	Grade Level	<input type="text"/>

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SECTION 3

NEXT OF KIN

Surname

First Name

Middle Name **Title**

Relationship **Gender (M/F)**

Residential Address

City **State (See Code)** **Country**

Phone No

E-mail Address

SECTION 4

ATTESTATION

DECLARATION BY EMPLOYEE

I hereby certify that the information provided in this form is true and correct. I understand that it is an offence under the Pension Reform Act, 2004 to provide false or misleading information with the intention to defraud, and I authorise that all fees approved by the National Pension Commission (PENCOM) be charged to my Retirement Savings Account.

Passport Photo	Thumbprint (LEFT)	Thumbprint (RIGHT)	Signature
<p>NAME ON THE BACK OF YOUR PASSPORT</p>			

DECLARATION BY EMPLOYER

We confirm that the above named applicant is eligible for membership of the fund in accordance with the terms of his employment.

We confirm that the information provided by the employee above are in accordance with those shown in our records and that to the best of our knowledge are correct.

...../...../.....
Date

.....
Name of Human Resource Manager

.....
Signature for Employer's Office