

## PENSION ADMINISTRATION REGISTRATION FORM

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS ( Mandatory Fields \* Conditional Mandatory Fields \*\*)

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	Email Address	_Designation/Rank
New RSA Data Update Transfer Window		
CPS Active Temporary Pin Regularisation		Official Email Address
Are you registered with any *Please sign in the box below	2. FAADLOVAATAIT DECORD	
Pension Fund Administrator (PFA) ?	3. EMPLOYMENT RECORD  * Sector Public Sector -PU State- ST	
☐ YES ☐ NO	* Sector Public Sector -PU State- ST Private Sector - PR Cross Border - CB	
2. PERSONAL DATA	<del></del>	4. PERSONAL IDENTIFICATION
* Surname	* Name of Organization	** ID Number / Int'l Passport Number for Non-Nigerians only
* First Name		* National Identity Number (NIN) Nicerians Only
	** IPPIS ** Date of Joining IPPIS (DD /MMM/YYYY) ** IPPIS No.	* National Identity Number (NIN) Nigerians Only.
Middle Name	Yes / / / /	
	Organisation Address  DO Box/DMB  *Puilding No /Nome	* Bank Verification Number (BVN)
* Title	* Location ** P.O Box/PMB ** Building No./Name	
( Mr/Mrs Ms/Miss) Single(SG ), Married (MD ) Widowed(WD ), Divorced (DV)) (M/F) Seperated (SP)	Abroad Nigeria	**RSA Personal Identification Number(RSA PIN) ** PFA Code
* Date of Birth (□D/ MMM/ YYYY) * LGA Cod∈	*Street Name	PEN
(E.g:01/JAN/2000) * Place of Birth (See attached code list)	**Zip Code *LGA Code * State Code * State of Posting	Temporary PIN (if available)
*Nationality Maiden/Former Name	Zip code	
	* Village/ Town/ City *Country Code	Other RSA PIN and PFA where applicable PFA Code
Residential Address P.O Box * House No./Name		PEN
* Location	* Employer's Phone Number (Dialing Code + Mobile Number)	<b>5. NOTIFICATION SETUP</b> <i>-Please tick the appropriate box</i>
Abroad Nigeria		Please Indicate where you would want correspondences sent to
*Street Name	** Employee ID/ Staff file No. ( Public) ** Service ID No .(Police /Para Military)	( e.g Welcome letter, \$tatement of Account et. }
		☐ E-mail Only ☐ Residence ☐ Don't Deliver
*Village/ Town/ City	* Date First Appointment (DD /MMM / YYYY)Public Sector only	
		* Please sign in the box
*Country *Country	Date of Current Appointment (DD /MMM / YYYY)Public and Private Only	6.AUTHORISATION GIVEN IN RELATION TO THE
**Zip Code Code Code		PROCESSING OF ELECTRONIC MAIL INSTRUCTIONS
* Phone Number (Dialing Code + Mobile Number)	** Date of Transfer of Service (DD/MMM/YYYY) Public Sector only	ISSUED TO STANBIC IBTC PENSION MANAGERS LIMITED
		1330ED TO STANDICIDICIPENSION WANAGERS LIVII TED

## PENSION ADMINISTRATION REGISTRATION FORM

I hereby authorise Stanbic IBTC Pension Managers Limited ("SIPML") to honour all e-mail instructions, mandates, consents, commitments and the like which may emanate from my e-mail address (as provided by me on this form) in respect of any Retirement Savings Account ("RSA") Personal Identification Number which may be assigned to me by the National Pension Commission ("Commission"), including any reclassification or renumbering of the RSA as specified by the Commission.  I hereby undertake to indemnify and hold SIPML harmless from any loss, actions, proceedings, claims, damages, costs and expenses that may be suffered or incurred by reason of honouring such instructions, mandates, consents, commitments and the like via electronic mail or other formats agreed between me and SIPML provided that SIPML has taken all reasonable and professional care required in dealing with such electronic mail. This Indemnity shall remain valid and binding on me throughout the period that SIPML remains my Pension Fund Administrator.  ** Please sign in the box beside	** Zip Code	Client Address  Form Reference No.:  021/CR  021/RR
7. SOCIAL MEDIA DETAILS	( Eg. COMPSS, CONTISS )	FOR OFFICIAL USE ONLY
Kindly tick your preferred social media network from the boxes below and fill in the corresponding handle name.	**Consolidated Salary Structure (2010) ( Eg. COMPSS, CONTISS )	ATTACHED SUPPORTING DOCUMENT (Mandatory)
Instagram FaceBook Twitter Others (please specify)	**Current Salary Structure (Eg. ENCONTISS)  **GL as at June 2004  Jan 2007  **GL as at 2010	* (Please tick the appropriate box)  Means of Identification (any one of the following)  (Company ID CardValid Driver's license/Voters card /International passport /National Identity Card or Enrolment Slip)  Proof of Address (any one of the following)
8. NEXT OF KIN (NOK) DETAILS	**Step as at **Step as at Jan 2007 Jan 2010	(Utility bill within the past 3 months/ Recent Tenancy Agreements / Active bank statement within the past 3 months/National ID Card or
* First Name	**Current GL **Current Step  10. DATA CONSENT  I hereby certify that the information provided in this form is correct and I consent to the processing of my personal information (P. I ) based on the requirements of the Pension Reform Act 2014 ( as may be amended) and the operations of Stanbic IBTC Pension Managers Ltd ( SIPML ) as a Pension Fund Administrator (PEA) licensed by the National Pension Commission	Enrolment Slip /Valid Driver's license/Voters card  Letter of First Appointment (Public Sector Employees)  Letter of Employment (Private Sector Employees)  Letter of Attestation(Police Personnel)  Transfer or Acceptance of Service (Public Sector, where applicable)
Middle Name	11. CUSTOMER AUTHORISATION	National Identity Card or enrolment slip issued by the National Identity Management Commission indicating the National Identity
* Title (Mr/Mrs/Ms/Miss) * Relationship	CUSTOMER AUTHORIZATION FOR ACCESS TO NATIONAL IDENTITY NUMBER (NIN) INFORMATION I hereby certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission to release my NIN information (as may be required) to the	Number (NIN)  Promotion Letters & Payslips for the following periods (Public Sector Employees) 30 Jun 2004, Jan 2007, Jul 2010, Dec 2013, Dec 2016 and Current
* Gender * Dialing Code * Mobile Number	National Pension Commission (PenCom), upon request by my Pension FundAdministrator, for the maintenance and operation of my Retirement Savings Account. it is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected	Is Contributor / Retiree Physically Challenged?
NOK's Correspondence Address  * Location  P.O Box/PMB  * House No./Name	*	
Abroad Nigeria  * Street Name	NAME & SIGNATURE SHOULD BE BOLDLY WRITTEN AT THE BACK OF THE PASSPORT	* Agent Code
* Village/ Town/ City	PASSPORT SHOULD BE ON A WHITE BACKGROUND  * Date (DD/MMM/YYYY)  /	* SAP ID
	Circin Nume	Page 2 of 2



Date of Issue - DD/MM/YY

Date of issue - DD/WIW/11		
ACKNOWLEDGEME	NT SLIP (DATA RECA	PTURE)
NAME		
RSA PIN		
Date of Submission		
Mobile phone number		
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Please note that this slip serves as a confirmation to receive a text message or email confirming completion or send an email to <a href="mailto:pensionsolution@stanbicibtc.com">pensionsolution@stanbicibtc.com</a>	n of the processing within 5	working days. Kindly call 01-2716000
Issued by:		
Stanbic IBTC Pension representative (Name and s	signature)	Customer's signature
(Print and attac	th this slip to data recapture form)	
<b>*</b> ***********************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date of Issue – <u>DD/MM/YY</u>		
ACKNOWLEDGEME	NT SLIP (DATA RECA	PTURE)
NAME		
RSA PIN		
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Please note that this slip serves as a confirmation to receive a text message or email confirming completion or send an email to <a href="mailto:pensionsolution@stanbicibtc.com">pensionsolution@stanbicibtc.com</a>	n of the processing within 5	working days. Kindly call 01-2716000
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Stanbic IBTC Pension representative (Name and s	signature) th this slip to data recapture form)	Customer's signature

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